

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Southern District of Texas

Case number (If known): \_\_\_\_\_ Chapter you are filing under:



Chapter 7



Chapter 11



Chapter 12



Chapter 13



Check if this is an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

06/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Identify Yourself

## About Debtor 1:

## About Debtor 2 (Spouse Only in a Joint Case):

## 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Joel

First name

Dennis

Middle name

Crutcher

Last name

\_\_\_\_\_  
Suffix (Sr., Jr, II, III)Amber

First name

Nicole

Middle name

Crutcher

Last name

\_\_\_\_\_  
Suffix (Sr., Jr, II, III)

## 2. All other names you have used in the last 8 years

Include your married or maiden names.

\_\_\_\_\_  
First name\_\_\_\_\_  
Middle name\_\_\_\_\_  
Last name\_\_\_\_\_  
First name\_\_\_\_\_  
Middle name\_\_\_\_\_  
Last nameAmber

First name

Nicole

Middle name

Monceaux

Last name

\_\_\_\_\_  
First name\_\_\_\_\_  
Middle name\_\_\_\_\_  
Last name

## 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 6 1 4 0

OR

9xx - xx - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

xxx - xx - 1 9 3 3

OR

9xx - xx - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Debtor 1  
Debtor 2Joel  
**Amber**  
First NameDennis  
**Nicole**  
Middle NameCrutcher  
**Crutcher**  
Last Name

Case number (if known) \_\_\_\_\_

**About Debtor 1:****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**Include trade names and *doing business as* names☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

**About Debtor 2 (Spouse Only in a Joint Case):**☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

**5. Where you live****1304 Augustine Ct**

Number Street

**College Station, TX 77840**

City State ZIP Code

**Brazos**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**If Debtor 2 lives at a different address:**

Number Street

City State ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408)

|          |              |               |                 |
|----------|--------------|---------------|-----------------|
| Debtor 1 | <b>Joel</b>  | <b>Dennis</b> | <b>Crutcher</b> |
| Debtor 2 | <b>Amber</b> | <b>Nicole</b> | <b>Crutcher</b> |
|          | First Name   | Middle Name   | Last Name       |

Case number (if known) \_\_\_\_\_

**Part 2:** Tell the Court About Your Bankruptcy Case

**7. The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

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**8. How you will pay the fee**

☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

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**9. Have you filed for bankruptcy within the last 8 years?**

☒ No.

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

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**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

☒ No.

☐ Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

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**11. Do you rent your residence?**

☐ No. Go to line 12.

☒ Yes. Has your landlord obtained an eviction judgment against you?

☒ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1  
Debtor 2Joel  
Amber  
First NameDennis  
Nicole  
Middle NameCrutcher  
Crutcher  
Last Name

Case number (if known) \_\_\_\_\_

**Part 3:** Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☒ No. Go to Part 4.☐ Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor* or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

☒ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1  
Debtor 2Joel  
Amber  
First NameDennis  
Nicole  
Middle NameCrutcher  
Crutcher  
Last Name

Case number (if known) \_\_\_\_\_

**Part 4:** Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

☒ No.☐ Yes. What is the hazard?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If immediate attention is needed, why is it needed?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Where is the property?

Number Street  
 \_\_\_\_\_

\_\_\_\_\_  
 City State ZIP Code

Debtor 1  
Debtor 2Joel  
Amber  
First NameDennis  
Nicole  
Middle NameCrutcher  
Crutcher  
Last Name

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:***You must check one:*

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file.

You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):***You must check one:*

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file.

You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1  
Debtor 2Joel  
AmberDennis  
NicoleCrutcher  
Crutcher

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 6:** Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☒ No. Go to line 16b.  
☐ Yes. Go to line 17.

**16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.  
☒ Yes. Go to line 17.

**16c.** State the type of debts you owe that are not consumer debts or business debts.**17. Are you filing under Chapter 7?**☐ No. I am not filing under Chapter 7. Go to line 18.☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

- ☒ No  
☐ Yes

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

**18. How many creditors do you estimate that you owe?**

- ☐ 1-49      ☐ 1,000-5,000      ☐ 25,001-50,000      ☐ 50,000-100,000      ☐ More than 100,000  
☒ 50-99      ☐ 5,001-10,000  
☐ 100-199      ☐ 10,001-25,000  
☐ 200-999

**19. How much do you estimate your assets to be worth?**

- ☐ \$0-\$50,000      ☐ \$1,000,001-\$10 million      ☐ \$500,000,001-\$1 billion  
☒ \$50,001-\$100,000      ☐ \$10,000,001-\$50 million      ☐ \$1,000,000,001-\$10 billion  
☐ \$100,001-\$500,000      ☐ \$50,000,001-\$100 million      ☐ \$10,000,000,001-\$50 billion  
☐ \$500,001-\$1 million      ☐ \$100,000,001-\$500 million      ☐ More than \$50 billion

**20. How much do you estimate your liabilities to be?**

- ☐ \$0-\$50,000      ☐ \$1,000,001-\$10 million      ☐ \$500,000,001-\$1 billion  
☐ \$50,001-\$100,000      ☐ \$10,000,001-\$50 million      ☐ \$1,000,000,001-\$10 billion  
☒ \$100,001-\$500,000      ☐ \$50,000,001-\$100 million      ☐ \$10,000,000,001-\$50 billion  
☐ \$500,001-\$1 million      ☐ \$100,000,001-\$500 million      ☐ More than \$50 billion

**Part 7:** Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Joel Dennis Crutcher

Joel Dennis Crutcher, Debtor 1

Executed on 11/23/2022  
MM/ DD/ YYYY**X** /s/ Amber Nicole Crutcher

Amber Nicole Crutcher, Debtor 2

Executed on 11/23/2022  
MM/ DD/ YYYY

Debtor 1  
Debtor 2**Joel**  
**Amber**  
First Name**Dennis**  
**Nicole**  
Middle Name**Crutcher**  
**Crutcher**  
Last Name

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one****If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X****/s/ Reese W. Baker**

Signature of Attorney for Debtor

Date **11/23/2022**

MM / DD / YYYY

**Reese W. Baker**

Printed name

**Baker & Associates**

Firm name

**950 Echo Ln Ste 300**

Number Street

**Houston**

City

**TX**

State

**77024-2824**

ZIP Code

Contact phone **(713) 869-9200**Email address **courtdocs@bakerassociates.net****01587700**

Bar number

**TX**

State



Fill in this information to identify your case and this filing:

|   |                                   |               |                 |
|---|-----------------------------------|---------------|-----------------|
| Debtor 1                                | <u>Joel</u>                       | <u>Dennis</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| Debtor 2<br>(Spouse, if filing)         | <u>Amber</u>                      | <u>Nicole</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |               |                 |
| Case number                             | <u></u>                           |               |                 |

☐ Check if this is an amended filing

## Official Form 106A/B

## Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

## 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
- ☐ Yes. Where is the property?

\_\_\_\_\_  
Street address, if available, or other description

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

## 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....

→ \$0.00

|          |              |               |                 |
|----------|--------------|---------------|-----------------|
| Debtor 1 | <b>Joel</b>  | <b>Dennis</b> | <b>Crutcher</b> |
| Debtor 2 | <b>Amber</b> | <b>Nicole</b> | <b>Crutcher</b> |
|          | First Name   | Middle Name   | Last Name       |

Case number (if known) \_\_\_\_\_

**Part 2:** Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No  
☒ Yes

3.1 Make: Jeep Who has an interest in the property? Check one.  
 Model: Wrangler ☒ Debtor 1 only  
 Year: 2021 ☐ Debtor 2 only  
 Approximate mileage: 26,982 ☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property  
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

|  |  |
|--|--|
| <b>Current value of the entire property?</b> | <b>Current value of the portion you own?</b> |
| <u>\$35,600.00</u>                           | <u>\$35,600.00</u>                           |

Other information:

VIN: MW615292

If you own or have more than one, list here:

3.2 Make: Ram Who has an interest in the property? Check one.  
 Model: Rebel ☒ Debtor 1 only  
 Year: 2019 ☐ Debtor 2 only  
 Approximate mileage: 64,180 ☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property  
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

|  |  |
|--|--|
| <b>Current value of the entire property?</b> | <b>Current value of the portion you own?</b> |
| <u>\$37,800.00</u>                           | <u>\$37,800.00</u>                           |

Other information:

VIN: KN576863

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No  
☐ Yes

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....**

→ \$73,400.00**Part 3:** Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware

- ☐ No  
☒ Yes. Describe.....

See Attached.

\$3,840.00

Debtor 1  
Debtor 2**Joel  
Amber**

First Name

**Dennis  
Nicole**

Middle Name

**Crutcher  
Crutcher**

Last Name

Case number (if known) \_\_\_\_\_

**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe.....

See Attached.

\$1,190.00**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☐ No☒ Yes. Describe.....

family pictures

\$20.00**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☐ No☒ Yes. Describe.....

camera

\$200.00**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☐ No☒ Yes. Describe.....

See Attached.

\$1,500.00**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.....

clothing, shoes

\$450.00**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.....

See Attached.

\$3,275.00**13. Non-farm animals***Examples:* Dogs, cats, birds, horses☐ No☒ Yes. Describe.....

dog

\$10.00**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Describe.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** →\$10,485.00

|          |              |               |                 |
|----------|--------------|---------------|-----------------|
| Debtor 1 | <b>Joel</b>  | <b>Dennis</b> | <b>Crutcher</b> |
| Debtor 2 | <b>Amber</b> | <b>Nicole</b> | <b>Crutcher</b> |
|          | First Name   | Middle Name   | Last Name       |

Case number (if known) \_\_\_\_\_

**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?**
**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.
**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes..... Cash.....**\$0.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes.....

Institution name:

|                         |  |                          |
|-------------------------|--|--------------------------|
| 17.1. Savings account:  | <u><b>JP Morgan Chase Bank xxxx3715</b></u>  | <u><b>\$100.00</b></u>   |
| 17.2. Checking account: | <u><b>JP Morgan Chase Bank xxxx6690</b></u>  | <u><b>\$1,012.80</b></u> |
| 17.3. Checking account: | <u><b>JP Morgan Chase Bank xxxx03655</b></u> | <u><b>\$31.23</b></u>    |
| 17.4. Checking account: | <u><b>Wells Fargo Bank xxxx9029</b></u>      | <u><b>\$1,084.01</b></u> |

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes.....

Institution or issuer name:

\_\_\_\_\_

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

\_\_\_\_\_

**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them.....

Issuer name:

|          |              |               |                 |                              |
|----------|--------------|---------------|-----------------|------------------------------|
| Debtor 1 | <b>Joel</b>  | <b>Dennis</b> | <b>Crutcher</b> |                              |
| Debtor 2 | <b>Amber</b> | <b>Nicole</b> | <b>Crutcher</b> |                              |
|          | First Name   | Middle Name   | Last Name       | Case number (if known) _____ |

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account: \_\_\_\_\_ Institution name: \_\_\_\_\_

401(k) or similar plan: **401K Plan through Employee Incentive Plans, Inc** **\$5,543.74**

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☐ No

☒ Yes.....

Institution name or individual: \_\_\_\_\_

Security deposit on rental unit: **Security Deposit for Unit at 1304 Augustine Ct. - \$1,750.00** **unknown**

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes.....

Issuer name and description: \_\_\_\_\_

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c): \_\_\_\_\_

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☐ No

☒ Yes. Give specific information about them....

Owns guns

**\$0.00**

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them....

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No☐ Yes. Give specific information about them....**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: \_\_\_\_\_

State: \_\_\_\_\_

Local: \_\_\_\_\_

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No☐ Yes. Give specific information.....

Alimony: \_\_\_\_\_

Maintenance: \_\_\_\_\_

Support: \_\_\_\_\_

Divorce settlement: \_\_\_\_\_

Property settlement: \_\_\_\_\_

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No☐ Yes. Give specific information.....**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No☒ Yes. Name the insurance company of each policy and list its value....

Company name:

Beneficiary:

Surrender or refund value:

**Health Insurance through Blue Cross  
 Blue shield**

\_\_\_\_\_

**\$0.00**

**Life Insurance Policy through Principal  
 Life Insurance Company - Death Benefit  
 \$100,000 - No Cash Value**

**Amber Crutcher****\$0.00**

Debtor 1  
Debtor 2Joel  
AmberDennis  
NicoleCrutcher  
Crutcher

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

Life Insurance Policy through Principal  
Life Insurance Company - Death Benefit \$  
30,000 - No Cash Value

Joel Crutcher

unknown

Vehicle Insurance Policy through  
Progressive County Mutual

\$0.00

## 32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.....

## 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No☐ Yes. Describe each claim.....

## 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No☐ Yes. Describe each claim.....

## 35. Any financial assets you did not already list

☒ No☐ Yes. Give specific information.....

## 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....→

\$7,771.78

## Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

## 37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to Part 6.☐ Yes. Go to line 38.

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

## 38. Accounts receivable or commissions you already earned

☒ No☐ Yes. Describe.....

|          |              |               |                 |
|----------|--------------|---------------|-----------------|
| Debtor 1 | <b>Joel</b>  | <b>Dennis</b> | <b>Crutcher</b> |
| Debtor 2 | <b>Amber</b> | <b>Nicole</b> | <b>Crutcher</b> |
|          | First Name   | Middle Name   | Last Name       |

Case number (if known) \_\_\_\_\_

**39. Office equipment, furnishings, and supplies***Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☒ No☐ Yes. Describe.....**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☒ No☐ Yes. Describe.....**41. Inventory**☒ No☐ Yes. Describe.....**42. Interests in partnerships or joint ventures**☒ No☐ Yes. Describe.....

Name of entity:

% of ownership:

\_\_\_\_\_%

**43. Customer lists, mailing lists, or other compilations**☒ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☒ No☐ Yes. Describe.....**44. Any business-related property you did not already list**☒ No☐ Yes. Give specific information.....**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....→****\$0.00**

**Part 6:** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  
**If you own or have an interest in farmland, list it in Part 1.**

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.



Debtor 1  
Debtor 2**Joel**  
**Amber**  
First Name**Dennis**  
**Nicole**  
Middle Name**Crutcher**  
**Crutcher**  
Last Name

Case number (if known) \_\_\_\_\_

47. **Farm animals***Examples:* Livestock, poultry, farm-raised fish☒ No☐ Yes.....48. **Crops—either growing or harvested**☒ No☐ Yes. Give specific  
information.....49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**☒ No☐ Yes.....50. **Farm and fishing supplies, chemicals, and feed**☒ No☐ Yes.....51. **Any farm- and commercial fishing-related property you did not already list**☒ No☐ Yes. Give specific  
information.....52. **Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....→****\$0.00****Part 7:** Describe All Property You Own or Have an Interest in That You Did Not List Above53. **Do you have other property of any kind you did not already list?***Examples:* Season tickets, country club membership☒ No☐ Yes. Give specific  
information.....54. **Add the dollar value of all of your entries from Part 7. Write that number here.....→****\$0.00****Part 8:** List the Totals of Each Part of this Form55. **Part 1: Total real estate, line 2.....→****\$0.00**56. **Part 2: Total vehicles, line 5****\$73,400.00**57. **Part 3: Total personal and household items, line 15****\$10,485.00**

|          |              |               |                 |
|----------|--------------|---------------|-----------------|
| Debtor 1 | <b>Joel</b>  | <b>Dennis</b> | <b>Crutcher</b> |
| Debtor 2 | <b>Amber</b> | <b>Nicole</b> | <b>Crutcher</b> |
|          | First Name   | Middle Name   | Last Name       |

Case number (if known) \_\_\_\_\_

58. **Part 4: Total financial assets, line 36** \$7,771.7859. **Part 5: Total business-related property, line 45** \$0.0060. **Part 6: Total farm- and fishing-related property, line 52** \$0.0061. **Part 7: Total other property not listed, line 54** + \$0.0062. **Total personal property.** Add lines 56 through 61..... \$91,656.78 Copy personal property total → + \$91,656.7863. **Total of all property on Schedule A/B.** Add line 55 + line 62..... \$91,656.78

Debtor 1  
Debtor 2Joel  
Amber  
First NameDennis  
Nicole  
Middle NameCrutcher  
Crutcher  
Last Name

Case number (if known) \_\_\_\_\_

**SCHEDULE A/B: PROPERTY**  
Continuation Page

## 6. Household goods and furnishings

|                                      |                   |
|--------------------------------------|-------------------|
| <u>sectional</u>                     | <u>\$1,000.00</u> |
| <u>entertainment center</u>          | <u>\$100.00</u>   |
| <u>coffee table</u>                  | <u>\$50.00</u>    |
| <u>end table (x2)</u>                | <u>\$10.00</u>    |
| <u>dining table</u>                  | <u>\$25.00</u>    |
| <u>dishes, flatware</u>              | <u>\$50.00</u>    |
| <u>pots, pans, cookware</u>          | <u>\$50.00</u>    |
| <u>bed (x3)</u>                      | <u>\$2,100.00</u> |
| <u>dresser (x1), nightstand (x2)</u> | <u>\$25.00</u>    |
| <u>lamps, accessories</u>            | <u>\$30.00</u>    |
| <u>lawnmower</u>                     | <u>\$200.00</u>   |
| <u>yard, landscaping tools</u>       | <u>\$100.00</u>   |
| <u>small kitchen appliances</u>      | <u>\$50.00</u>    |
| <u>towels, drapes, linens</u>        | <u>\$50.00</u>    |

## 7. Electronics

|                          |                 |
|--------------------------|-----------------|
| <u>video game system</u> | <u>\$200.00</u> |
| <u>television (x3)</u>   | <u>\$390.00</u> |
| <u>cellphone (x2)</u>    | <u>\$600.00</u> |

## 10. Firearms

|   |                   |
|---|-------------------|
| <u>glock 26mm handgun \$500.00 glock 1 gen 4 handgun \$500.00 Owned by Crutcher Trust</u> | <u>\$1,000.00</u> |
| <u>glock 17 gen 3 \$500 glock 43 \$350 Owned by Crutcher Trust</u>                        | <u>\$500.00</u>   |

## 12. Jewelry

|                      |                   |
|----------------------|-------------------|
| <u>wedding rings</u> | <u>\$3,000.00</u> |
| <u>jewelry</u>       | <u>\$275.00</u>   |

Fill in this information to identify your case:

|   |                                   |               |                 |
|---|-----------------------------------|---------------|-----------------|
| Debtor 1                                | <u>Joel</u>                       | <u>Dennis</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| Debtor 2<br>(Spouse, if filing)         | <u>Amber</u>                      | <u>Nicole</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |               |                 |
| Case number<br>(if known)               | <u></u>                           |               |                 |

☐ Check if this is an amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

## Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own<br>Copy the value from Schedule A/B | Amount of the exemption you claim<br>Check only one box for each exemption.   | Specific laws that allow exemption |
|---|--|---|------------------------------------|
| Brief description:<br><u>sectional</u>  | <u>\$1,000.00</u>  | <input checked="" type="checkbox"/> <u>\$700.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u>       |
| Line from Schedule A/B: <u>6</u>  |  | <input checked="" type="checkbox"/> <u>\$300.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(5)</u>       |
| Brief description:<br><u>entertainment center</u>                                   | <u>\$100.00</u>  | <input checked="" type="checkbox"/> <u>\$100.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(d)(3)</u>       |
| Line from Schedule A/B: <u>6</u>  |  |   |                                    |

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Additional Page

| Brief description of the property and line on Schedule A/B that lists this property            | Current value of the portion you own<br><small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim<br><small>Check only one box for each exemption.</small>   | Specific laws that allow exemption   |
|--|---|--|--|
| Brief description:<br>coffee table<br><br>Line from<br>Schedule A/B: <u>6</u>                  | \$50.00   | <input checked="" type="checkbox"/> \$50.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | 11 U.S.C. § 522(d)(3)<br>_____<br>_____  |
| Brief description:<br>end table (x2)<br><br>Line from<br>Schedule A/B: <u>6</u>                | \$10.00   | <input checked="" type="checkbox"/> \$10.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | 11 U.S.C. § 522(d)(3)<br>_____<br>_____  |
| Brief description:<br>dining table<br><br>Line from<br>Schedule A/B: <u>6</u>                  | \$25.00   | <input checked="" type="checkbox"/> \$25.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | 11 U.S.C. § 522(d)(3)<br>_____<br>_____  |
| Brief description:<br>dishes, flatware<br><br>Line from<br>Schedule A/B: <u>6</u>              | \$50.00   | <input checked="" type="checkbox"/> \$50.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | 11 U.S.C. § 522(d)(3)<br>_____<br>_____  |
| Brief description:<br>pots, pans, cookware<br><br>Line from<br>Schedule A/B: <u>6</u>          | \$50.00   | <input checked="" type="checkbox"/> \$50.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | 11 U.S.C. § 522(d)(3)<br>_____<br>_____  |
| Brief description:<br>bed (x3)<br><br>Line from<br>Schedule A/B: <u>6</u>                      | \$2,100.00  | <input checked="" type="checkbox"/> \$700.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit<br><br><input checked="" type="checkbox"/> \$1,400.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3)<br>_____<br>_____<br>11 U.S.C. § 522(d)(5)<br>_____<br>_____ |
| Brief description:<br>dresser (x1), nightstand (x2)<br><br>Line from<br>Schedule A/B: <u>6</u> | \$25.00   | <input checked="" type="checkbox"/> \$25.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | 11 U.S.C. § 522(d)(3)<br>_____<br>_____  |
| Brief description:<br>lamps, accessories<br><br>Line from<br>Schedule A/B: <u>6</u>            | \$30.00   | <input checked="" type="checkbox"/> \$30.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | 11 U.S.C. § 522(d)(3)<br>_____<br>_____  |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Additional Page

| Brief description of the property and line on Schedule A/B that lists this property       | Current value of the portion you own<br><small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim<br><small>Check only one box for each exemption.</small>   | Specific laws that allow exemption      |
|---|---|--|---|
| Brief description:<br>lawnmower<br><br>Line from<br>Schedule A/B: <u>6</u>                | \$200.00  | <input checked="" type="checkbox"/> \$200.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3)<br>_____<br>_____ |
| Brief description:<br>yard, landscaping tools<br><br>Line from<br>Schedule A/B: <u>6</u>  | \$100.00  | <input checked="" type="checkbox"/> \$100.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3)<br>_____<br>_____ |
| Brief description:<br>small kitchen appliances<br><br>Line from<br>Schedule A/B: <u>6</u> | \$50.00   | <input checked="" type="checkbox"/> \$50.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | 11 U.S.C. § 522(d)(3)<br>_____<br>_____ |
| Brief description:<br>towels, drapes, linens<br><br>Line from<br>Schedule A/B: <u>6</u>   | \$50.00   | <input checked="" type="checkbox"/> \$50.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | 11 U.S.C. § 522(d)(3)<br>_____<br>_____ |
| Brief description:<br>television (x3)<br><br>Line from<br>Schedule A/B: <u>7</u>          | \$390.00  | <input checked="" type="checkbox"/> \$390.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3)<br>_____<br>_____ |
|   |   | <input checked="" type="checkbox"/> \$0.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(5)<br>_____<br>_____ |
| Brief description:<br>video game system<br><br>Line from<br>Schedule A/B: <u>7</u>        | \$200.00  | <input checked="" type="checkbox"/> \$200.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3)<br>_____<br>_____ |
| Brief description:<br>cellphone (x2)<br><br>Line from<br>Schedule A/B: <u>7</u>           | \$600.00  | <input checked="" type="checkbox"/> \$600.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(3)<br>_____<br>_____ |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Additional Page

| Brief description of the property and line on Schedule A/B that lists this property   | Current value of the portion you own<br>Copy the value from Schedule A/B | Amount of the exemption you claim<br>Check only one box for each exemption.  | Specific laws that allow exemption |
|---|--|--|------------------------------------|
| Brief description:<br>family pictures<br>Line from Schedule A/B: <u>8</u>   | \$20.00  | <input checked="" type="checkbox"/> \$20.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit    | 11 U.S.C. § 522(d)(3)              |
|   |  | <input checked="" type="checkbox"/> \$0.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit     | 11 U.S.C. § 522(d)(5)              |
| Brief description:<br>camera<br>Line from Schedule A/B: <u>9</u>  | \$200.00   | <input checked="" type="checkbox"/> \$200.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(3)              |
| Brief description:<br>glock 26mm handgun \$500.00 glock 1 gen 4 handgun \$500.00 Owned by Crutcher Trust<br>Line from Schedule A/B: <u>10</u> | \$1,000.00   | <input checked="" type="checkbox"/> \$1,000.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5)              |
| Brief description:<br>glock 17 gen 3 \$500 glock 43 \$350 Owned by Crutcher Trust<br>Line from Schedule A/B: <u>10</u>                        | \$500.00   | <input checked="" type="checkbox"/> \$1,000.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5)              |
| Brief description:<br>clothing, shoes<br>Line from Schedule A/B: <u>11</u>  | \$450.00   | <input checked="" type="checkbox"/> \$450.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(3)              |
| Brief description:<br>wedding rings<br>Line from Schedule A/B: <u>12</u>  | \$3,000.00   | <input checked="" type="checkbox"/> \$3,000.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(4)              |
| Brief description:<br>jewelry<br>Line from Schedule A/B: <u>12</u>  | \$275.00   | <input checked="" type="checkbox"/> \$275.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(4)              |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Additional Page

| Brief description of the property and line on Schedule A/B that lists this property                    | Current value of the portion you own<br>Copy the value from Schedule A/B | Amount of the exemption you claim<br>Check only one box for each exemption.  | Specific laws that allow exemption |
|--|--|--|------------------------------------|
| Brief description:<br>dog<br>Line from Schedule A/B: 13  | \$10.00  | <input checked="" type="checkbox"/> \$10.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit    | 11 U.S.C. § 522(d)(3)              |
| Brief description:<br>JP Morgan Chase Bank xxxx6690<br>Checking account<br>Line from Schedule A/B: 17  | \$1,012.80   | <input checked="" type="checkbox"/> \$1,012.80<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5)              |
| Brief description:<br>JP Morgan Chase Bank xxxx03655<br>Checking account<br>Line from Schedule A/B: 17 | \$31.23  | <input checked="" type="checkbox"/> \$31.23<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit    | 11 U.S.C. § 522(d)(5)              |
| Brief description:<br>JP Morgan Chase Bank xxxx3715<br>Savings account<br>Line from Schedule A/B: 17   | \$100.00   | <input checked="" type="checkbox"/> \$100.00<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | 11 U.S.C. § 522(d)(5)              |
| Brief description:<br>Wells Fargo Bank xxxx9029<br>Checking account<br>Line from Schedule A/B: 17      | \$1,084.01   | <input checked="" type="checkbox"/> \$1,084.01<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(5)              |
| Brief description:<br>401K Plan through Employee Incentive Plans, Inc<br>Line from Schedule A/B: 21    | \$5,543.74   | <input checked="" type="checkbox"/> \$5,543.74<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(12)             |



Fill in this information to identify your case:

|   |                                   |               |                 |
|---|-----------------------------------|---------------|-----------------|
| Debtor 1                                | <u>Joel</u>                       | <u>Dennis</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| Debtor 2<br>(Spouse, if filing)         | <u>Amber</u>                      | <u>Nicole</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |               |                 |
| Case number<br>(if known)               | _____                             |               |                 |

☐ Check if this is an amended filing

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

☒ Yes. Fill in all of the information below.

## Part 1: List All Secured Claims

2. **List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A<br>Amount of claim<br>Do not deduct the<br>value of<br>collateral. | Column B<br>Value of<br>collateral that<br>supports this<br>claim | Column C<br>Unsecured<br>portion<br>If any |
|---|---|--|
|---|---|--|

|   |  |  |                    |                    |                   |
|---|--|--|--------------------|--------------------|-------------------|
| <p><b>2.1</b> <u>IBEW Federal Credit Union</u></p> <p>Creditor's Name<br/><u>3805 W Cardinal Dr</u><br/>Number Street<br/><u>Beaumont, TX 77705</u><br/>City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.<br/> <input type="checkbox"/> Debtor 1 only<br/> <input type="checkbox"/> Debtor 2 only<br/> <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input checked="" type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Date debt was incurred</b><br/><u>2/1/2022</u></p> | <p><b>Describe the property that secures the claim:</b><br/> <div style="border: 1px dashed black; padding: 5px; min-height: 40px;">           2019 Ram Rebel         </div> </p> <p><b>As of the date you file, the claim is:</b> Check all that apply.<br/> <input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.<br/> <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)<br/> <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)<br/> <input type="checkbox"/> Judgment lien from a lawsuit<br/> <input type="checkbox"/> Other (including a right to offset)</p> <p><b>Last 4 digits of account number</b> <u>7 4 4 6</u></p> | <table border="0"> <tr> <td style="text-align: right;"><u>\$41,857.00</u></td> <td style="text-align: right;"><u>\$37,800.00</u></td> <td style="text-align: right;"><u>\$4,057.00</u></td> </tr> </table> | <u>\$41,857.00</u> | <u>\$37,800.00</u> | <u>\$4,057.00</u> |
| <u>\$41,857.00</u>  | <u>\$37,800.00</u>   | <u>\$4,057.00</u>  |                    |                    |                   |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$41,857.00

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

| Part 1:  | Additional Page  | Column A<br>Amount of claim<br>Do not deduct the value of collateral.  | Column B<br>Value of collateral that supports this claim | Column C<br>Unsecured portion<br>If any |             |
|--|--|--|--|---|-------------|
| 2.2  | <b>IBEW Federal Credit Union</b><br>Creditor's Name<br><b>3805 W Cardinal Dr</b><br>Number Street<br><b>Beaumont, TX 77705</b><br>City State ZIP Code<br><b>Who owes the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input checked="" type="checkbox"/> Check if this claim relates to a community debt<br><b>Date debt was incurred</b><br><b>3/1/2022</b> | <b>Describe the property that secures the claim:</b><br>2021 Jeep Wrangler<br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Nature of lien.</b> Check all that apply.<br><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)<br><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)<br><input type="checkbox"/> Judgment lien from a lawsuit<br><input type="checkbox"/> Other (including a right to offset) | \$48,191.00  | \$35,600.00                             | \$12,591.00 |
| Last 4 digits of account number <u>7 4 6 8</u>   |  |  |  |   |             |
| Add the dollar value of your entries in Column A on this page. Write that number here:                     |  | \$48,191.00  |  |   |             |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: |  | \$90,048.00  |  |   |             |

Fill in this information to identify your case:

|   |                                   |               |                 |
|---|-----------------------------------|---------------|-----------------|
| Debtor 1                                | <u>Joel</u>                       | <u>Dennis</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| Debtor 2<br>(Spouse, if filing)         | <u>Amber</u>                      | <u>Nicole</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |               |                 |
| Case number<br>(if known)               | <u></u>                           |               |                 |

☐ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  
 (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

|  | Total claim  | Priority amount | Nonpriority amount |
|--|--|-----------------|--------------------|
| <div> <div><input type="checkbox"/></div> <div> <div>Priority Creditor's Name</div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> </div> </div> <div> <b>Who incurred the debt?</b> Check one.<br/> <input type="checkbox"/> Debtor 1 only<br/> <input type="checkbox"/> Debtor 2 only<br/> <input type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input type="checkbox"/> Check if this claim is for a community debt<br/> <b>Is the claim subject to offset?</b><br/> <input type="checkbox"/> No<br/> <input type="checkbox"/> Yes         </div> | <div>Last 4 digits of account number</div> <div>When was the debt incurred?</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div> <input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed         </div> <div> <b>Type of PRIORITY unsecured claim:</b><br/> <input type="checkbox"/> Domestic support obligations<br/> <input type="checkbox"/> Taxes and certain other debts you owe the government<br/> <input type="checkbox"/> Claims for death or person injury while you were intoxicated<br/> <input type="checkbox"/> Other. Specify         </div> |                 |                    |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

|            |  | Total claim   |
|------------|--|---|
| <b>4.1</b> | <b>AAFES</b><br>Nonpriority Creditor's Name<br><b>P.O. Box 4692</b><br>Number Street<br><b>Carol Stream, IL 60197-4692</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                            | Last 4 digits of account number <b>6183</b><br>When was the debt incurred? <b>07/01/2009</b><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>ChargeAccount</b> |
|            |  | <b>\$0.00</b>   |
| <b>4.2</b> | <b>Affirm, Inc.</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 720</b><br>Number Street<br><b>San Francisco, CA 94104</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <b>ABXI</b><br>When was the debt incurred? <b>05/01/2022</b><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>Unsecured</b>     |
|            |  | <b>\$2,083.00</b>   |
| <b>4.3</b> | <b>American Anesthesiology of Texas</b><br>Nonpriority Creditor's Name<br><b>PO Box 88087</b><br>Number Street<br><b>Chicago, IL 60680-1087</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes       | Last 4 digits of account number <b>1098</b><br>When was the debt incurred? <b>08/16/2021</b><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>medical bill</b>  |
|            |  | <b>\$216.48</b>   |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |  | Total claim  |
|--|--|--|
| <b>4.4</b>   | <b>AmeriCredit/GM Financial</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 183593</b><br>Number Street<br><b>Arlington, TX 76096</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input checked="" type="checkbox"/> At least one of the debtors and another<br><input checked="" type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>7400</u><br><b>When was the debt incurred?</b> <u>02/01/2014</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Automobile</b><br><b>\$0.00</b>       |
| <b>4.5</b>   | <b>BioReference Laboratories</b><br>Nonpriority Creditor's Name<br><b>PO Box 21134</b><br>Number Street<br><b>New York, NY 10087</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>Last 4 digits of account number</b> <u>2203</u><br><b>When was the debt incurred?</b> <u>03/31/2022</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>medical bill</b><br><b>\$1,099.31</b> |
| <b>4.6</b>   | <b>BioReference Laboratories</b><br>Nonpriority Creditor's Name<br><b>PO Box 1259 Dept 157292</b><br>Number Street<br><b>Oaks, PA 19456</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                 | <b>Last 4 digits of account number</b> <u>2208</u><br><b>When was the debt incurred?</b> <u>08/29/2022</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>medical bill</b><br><b>\$97.60</b>    |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |   | Total claim    |
|--|---|----------------|
| <b>4.7</b>   | <b>Brazos Valley Pathology</b><br>Nonpriority Creditor's Name<br><b>PO Box 203294</b><br>Number Street<br><b>Dallas, TX 75320</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br><br><b>Last 4 digits of account number</b> <u>1178</u><br><b>When was the debt incurred?</b> <u>05/03/2022</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>medical bill</b>   | <b>\$37.20</b> |
| <b>4.8</b>   | <b>Brittani Crutcher</b><br>Nonpriority Creditor's Name<br><b>2436 Rushing Springs Dr</b><br>Number Street<br><b>Fort Worth, TX 76118-7759</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br><br><b>Last 4 digits of account number</b> <u>x064</u><br><b>When was the debt incurred?</b> _____<br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input checked="" type="checkbox"/> Contingent<br><input checked="" type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input checked="" type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____<br><br><b>Remarks:</b> USAA Credit Card | <b>\$0.00</b>  |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |   | Total claim   |
|--|---|---|
| <b>4.9</b>   | <b>Bryan Radiology Association</b><br>Nonpriority Creditor's Name<br><b>PO Box 5306</b><br>Number Street<br><b>Bryan, TX 77805</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>8198</u><br><b>When was the debt incurred?</b> <u>07/01/2022</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>medical bill</b><br><b>\$47.97</b>   |
| <b>4.10</b>  | <b>Capital One</b><br>Nonpriority Creditor's Name<br><b>PO Box 31293</b><br>Number Street<br><b>Salt Lake City, UT 84131</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes       | <b>Last 4 digits of account number</b> <u>5984</u><br><b>When was the debt incurred?</b> <u>04/12/2022</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>credit card</b><br><b>\$2,018.66</b> |
| <b>4.11</b>  | <b>Capital One</b><br>Nonpriority Creditor's Name<br><b>PO Box 31293</b><br>Number Street<br><b>Salt Lake City, UT 31293</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes       | <b>Last 4 digits of account number</b> <u>2760</u><br><b>When was the debt incurred?</b> <u>03/04/2020</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>credit card</b><br><b>\$2,111.93</b> |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |   | Total claim  |
|--|---|--|
| <b>4.12</b>  | <p><b>Capital One</b><br/>           Nonpriority Creditor's Name<br/> <b>PO Box 30285</b><br/>           Number Street<br/> <b>Salt Lake City, UT 84130</b><br/>           City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.<br/> <input checked="" type="checkbox"/> Debtor 1 only<br/> <input type="checkbox"/> Debtor 2 only<br/> <input type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b><br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes</p>      | <p><b>Last 4 digits of account number</b> <u>3745</u></p> <p><b>When was the debt incurred?</b> <u>02/15/2022</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.<br/> <input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b><br/> <input type="checkbox"/> Student loans<br/> <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br/> <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br/> <input checked="" type="checkbox"/> Other. Specify <b>credit card</b></p> <p><b>\$1,720.54</b></p> |
| <b>4.13</b>  | <p><b>Capital One</b><br/>           Nonpriority Creditor's Name<br/> <b>1680 Capital One Dr</b><br/>           Number Street<br/> <b>Mc Lean, VA 22102-3407</b><br/>           City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.<br/> <input checked="" type="checkbox"/> Debtor 1 only<br/> <input type="checkbox"/> Debtor 2 only<br/> <input type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b><br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes</p> | <p><b>Last 4 digits of account number</b> <u>5818</u></p> <p><b>When was the debt incurred?</b> <u>08/01/2019</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.<br/> <input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b><br/> <input type="checkbox"/> Student loans<br/> <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br/> <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br/> <input checked="" type="checkbox"/> Other. Specify <b>CreditCard</b></p> <p><b>\$583.00</b></p>    |
| <b>4.14</b>  | <p><b>Capital One</b><br/>           Nonpriority Creditor's Name<br/> <b>1680 Capital One Dr</b><br/>           Number Street<br/> <b>Mc Lean, VA 22102-3407</b><br/>           City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.<br/> <input checked="" type="checkbox"/> Debtor 1 only<br/> <input type="checkbox"/> Debtor 2 only<br/> <input type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b><br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes</p> | <p><b>Last 4 digits of account number</b> <u>5669</u></p> <p><b>When was the debt incurred?</b> <u>12/01/2019</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.<br/> <input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b><br/> <input type="checkbox"/> Student loans<br/> <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br/> <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br/> <input checked="" type="checkbox"/> Other. Specify <b>CreditCard</b></p> <p><b>\$577.00</b></p>    |



Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |  | Total claim   |
|--|--|---|
| <b>4.15</b>  | <b>Capital One</b><br>Nonpriority Creditor's Name<br><b>P.O. Box 30285</b><br>Number Street<br><b>Salt Lake City, UT 84130</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>Last 4 digits of account number</b> <u>5818</u><br><b>When was the debt incurred?</b> <u>07/04/2019</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>credit card</b><br><b>\$583.21</b>   |
| <b>4.16</b>  | <b>Card Works</b><br>Nonpriority Creditor's Name<br><b>P.O. Box 9201</b><br>Number Street<br><b>Old Bethpage, NY 11804-9001</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>8898</u><br><b>When was the debt incurred?</b> <u>04/01/2022</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>CreditCard</b><br><b>\$1,090.00</b>  |
| <b>4.17</b>  | <b>CBCS</b><br>Nonpriority Creditor's Name<br><b>P. O. Box 69</b><br>Number Street<br><b>Columbus, OH 43216</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                 | <b>Last 4 digits of account number</b> <u>4479</u><br><b>When was the debt incurred?</b> <u>06/01/2022</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>MedicalDebt</b><br><b>\$4,464.00</b> |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |  | Total claim  |
|--|--|--|
| <b>4.18</b>  | <b>Chase Card Services</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 15298</b><br>Number Street<br><b>Wilmington, DE 19850</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>6933</u><br><b>When was the debt incurred?</b> <u>11/20/2019</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>CreditCard</b><br><b>\$0.00</b>       |
| <b>4.19</b>  | <b>Chi St Joseph Health</b><br>Nonpriority Creditor's Name<br><b>PO Box 33000</b><br>Number Street<br><b>Belfast, ME 04915</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                              | <b>Last 4 digits of account number</b> <u>7217</u><br><b>When was the debt incurred?</b> <u>04/13/2022</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>medical bill</b><br><b>\$338.61</b>   |
| <b>4.20</b>  | <b>Chi St Joseph Regional Health</b><br>Nonpriority Creditor's Name<br><b>2801 Franciscan Dr</b><br>Number Street<br><b>Bryan, TX 77802</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                 | <b>Last 4 digits of account number</b> <u>2205</u><br><b>When was the debt incurred?</b> <u>11/16/2020</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>medical bill</b><br><b>\$1,611.00</b> |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |   | Total claim  |
|--|---|--|
| <b>4.21</b>  | <b>Clinical Pathology Laboratories</b><br>Nonpriority Creditor's Name<br><b>PO Box 141669</b><br>Number Street<br><b>Austin, TX 79714</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                              | <b>Last 4 digits of account number</b> <u>2916</u><br><b>When was the debt incurred?</b> <u>04/10/2020</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>medical bill</b><br><b>\$276.75</b> |
| <b>4.22</b>  | <b>Comenity Bank/Buckle</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 182125</b><br>Number Street<br><b>Columbus, OH 43218</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input checked="" type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>3238</u><br><b>When was the debt incurred?</b> <u>02/01/2013</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>ChargeAccount</b><br><b>\$0.00</b>  |
| <b>4.23</b>  | <b>Comenity Bank/Kay Jewelers</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy Dept</b><br><b>PO Box 182125</b><br>Number Street<br><b>Columbus, OH 43218</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>6338</u><br><b>When was the debt incurred?</b> <u>04/01/2013</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>ChargeAccount</b><br><b>\$0.00</b>  |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |  | Total claim  |               |
|--|--|--|---------------|
| 4.24   | <b>Comenity Bank/Victoria Secret</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>POB 182125</b><br>Number Street<br><b>Columbus, OH 43218</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes     | <b>Last 4 digits of account number</b> <u>5794</u><br><b>When was the debt incurred?</b> <u>02/01/2013</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>ChargeAccount</b>      | <b>\$0.00</b> |
| 4.25   | <b>Comenity Bank/Zales</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 182125</b><br>Number Street<br><b>Columbus, OH 43218</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input checked="" type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>8589</u><br><b>When was the debt incurred?</b> <u>01/01/2021</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>ChargeAccount</b>      | <b>\$0.00</b> |
| 4.26   | <b>Credit Collection Services</b><br>Nonpriority Creditor's Name<br><b>Two Wells Avenue Suite 1</b><br>Number Street<br><b>Newton Center, MA 02459</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input checked="" type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes     | <b>Last 4 digits of account number</b> <u>7836</u><br><b>When was the debt incurred?</b> <u>02/23/2018</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>CollectionAttorney</b> | <b>\$0.00</b> |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |   | Total claim  |                 |
|--|---|--|-----------------|
| 4.27   | <b>Credit Control Corporation</b><br>Nonpriority Creditor's Name<br><b>PO Box 120630</b><br>Number Street<br><b>Newport News, VA 23612</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>5896</u><br><b>When was the debt incurred?</b> <u>12/01/2019</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney</b> | <b>\$0.00</b>   |
| 4.28   | <b>Credit One</b><br>Nonpriority Creditor's Name<br><b>P.O. BOX 98873</b><br>Number Street<br><b>Las Vegas, NV 89193</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                   | <b>Last 4 digits of account number</b> <u>6923</u><br><b>When was the debt incurred?</b> <u>09/16/2020</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>credit card</b>         | <b>\$547.08</b> |
| 4.29   | <b>Credit One Bank</b><br>Nonpriority Creditor's Name<br><b>P.O. Box 60508</b><br>Number Street<br><b>City of Industry, CA 91716-0500</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>Last 4 digits of account number</b> <u>6923</u><br><b>When was the debt incurred?</b> <u>03/01/2021</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>CreditCard</b>          | <b>\$545.97</b> |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |  | Total claim   |
|--|--|---|
| 4.30   | <b>Credit One Bank</b><br>Nonpriority Creditor's Name<br><b>P.O. Box 60508</b><br>Number Street<br><b>City of Industry, CA 91716-0500</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                               | <b>Last 4 digits of account number</b> <u>8146</u><br><b>When was the debt incurred?</b> <u>07/01/2022</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>CreditCard</b><br><b>\$603.00</b>      |
| 4.31   | <b>Fingerhut</b><br>Nonpriority Creditor's Name<br><b>PO BOX 70281</b><br>Number Street<br><b>Philadelphia, PA 19176</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>Last 4 digits of account number</b> <u>3491</u><br><b>When was the debt incurred?</b> <u>10/01/2020</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>ChargeAccount</b><br><b>\$615.22</b>   |
| 4.32   | <b>Fingerhut Fetti/Webbank</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>6250 Ridgewood Road</b><br>Number Street<br><b>Saint Cloud, MN 56303</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>4073</u><br><b>When was the debt incurred?</b> <u>04/01/2022</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>ChargeAccount</b><br><b>\$1,258.56</b> |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |   | Total claim  |
|--|---|--|
| <b>4.33</b>  | <b>Fortiva</b><br>Nonpriority Creditor's Name<br><b>Po Box 105555</b><br>Number Street<br><b>Atlanta, GA 30348-5555</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes          | <b>Last 4 digits of account number</b> <u>5641</u><br><b>When was the debt incurred?</b> <u>08/01/2021</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>CreditCard</b><br><b>\$1,118.00</b> |
| <b>4.34</b>  | <b>Genesis Financial</b><br>Nonpriority Creditor's Name<br><b>PO Box 361774</b><br>Number Street<br><b>Dallas, TX 75380</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes      | <b>Last 4 digits of account number</b> <u>8994</u><br><b>When was the debt incurred?</b> <u>01/01/2021</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>CreditCard</b><br><b>\$580.00</b>   |
| <b>4.35</b>  | <b>Harris County Toll Road</b><br>Nonpriority Creditor's Name<br><b>PO Box 4440</b><br>Number Street<br><b>Houston, TX 77210</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>0122</u><br><b>When was the debt incurred?</b> <u>12/21/2020</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>other</b><br><b>\$39.25</b>         |



Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |   | Total claim  |
|--|---|--|
| 4.36   | <b>Healthline Medical Equipment</b><br>Nonpriority Creditor's Name<br><b>PO Box 825575</b><br>Number Street<br><b>Philadelphia, PA 19182-5575</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                | <b>Last 4 digits of account number</b> <u>4268</u><br><b>When was the debt incurred?</b> <u>06/05/2021</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>medical bill</b><br><b>\$44.95</b>  |
| 4.37   | <b>Hearing Sceneing Associates, LLC</b><br>Nonpriority Creditor's Name<br><b>3333 North Kennicott Ave</b><br>Number Street<br><b>Arlington Heights, IL 60004</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>4776</u><br><b>When was the debt incurred?</b> <u>06/05/2021</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>medical bill</b><br><b>\$378.00</b> |
| 4.38   | <b>IBEW FCU</b><br>Nonpriority Creditor's Name<br><b>3805 W Cardinal Dr</b><br>Number Street<br><b>Beaumont, TX 77705</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>Last 4 digits of account number</b> <u>7424</u><br><b>When was the debt incurred?</b> <u>04/01/2021</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Automobile</b><br><b>\$0.00</b>     |



Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |   |  | Total claim   |
|--|---|--|---------------|
| <b>4.39</b>  | <b>IBEW FCU</b><br>Nonpriority Creditor's Name<br><b>3805 W Cardinal Dr</b><br>Number Street<br><b>Beaumont, TX 77705</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                              | Last 4 digits of account number <u>7435</u><br>When was the debt incurred? <u>04/01/2021</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>Automobile</b> | <u>\$0.00</u> |
| <b>4.40</b>  | <b>IBEW FCU</b><br>Nonpriority Creditor's Name<br><b>3805 W Cardinal Dr</b><br>Number Street<br><b>Beaumont, TX 77705</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                              | Last 4 digits of account number <u>7457</u><br>When was the debt incurred? <u>03/01/2022</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>Automobile</b> | <u>\$0.00</u> |
| <b>4.41</b>  | <b>IBEW FCU</b><br>Nonpriority Creditor's Name<br><b>3805 W Cardinal Dr</b><br><b>3805 W Cardinal Dr</b><br>Number Street<br><b>Beaumont, TX 77705</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>7402</u><br>When was the debt incurred? <u>09/01/2017</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>Automobile</b> | <u>\$0.00</u> |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |   | Total claim   |
|--|---|---|
| <b>4.42</b>  | <b>IBEW FCU</b><br>Nonpriority Creditor's Name<br><b>3805 W Cardinal Dr</b><br>Number Street<br><b>Beaumont, TX 77705</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input checked="" type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   | <b>Last 4 digits of account number</b> <u>7413</u><br><b>When was the debt incurred?</b> <u>08/01/2019</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Automobile</b><br><b>\$0.00</b>    |
| <b>4.43</b>  | <b>Internal Revenue Service</b><br>Nonpriority Creditor's Name<br><b>Centralized Insolvency Operations</b><br><b>Po Box 7346</b><br>Number Street<br><b>Philadelphia, PA 19101-7346</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input checked="" type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> _____<br><b>When was the debt incurred?</b> _____<br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____<br><b>unknown</b>                                 |
| <b>4.44</b>  | <b>Kay Genesis Card Services</b><br>Nonpriority Creditor's Name<br><b>PO box 23013</b><br>Number Street<br><b>Columbus, GA 31902</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   | <b>Last 4 digits of account number</b> <u>8994</u><br><b>When was the debt incurred?</b> <u>12/18/2020</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>credit card</b><br><b>\$541.07</b> |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |  | Total claim  |                   |
|--|--|--|-------------------|
| <b>4.45</b>  | <b>Macys/FDSB</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>9111 Duke Boulevard</b><br>Number Street<br><b>Mason, OH 45040</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input checked="" type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes     | <b>Last 4 digits of account number</b> <u>3150</u><br><b>When was the debt incurred?</b> <u>11/02/2013</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>ChargeAccount</b> | <b>\$0.00</b>     |
| <b>4.46</b>  | <b>Marine Federal Credit</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 1551</b><br>Number Street<br><b>Jacksonville, NC 28541-1551</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>0001</u><br><b>When was the debt incurred?</b> <u>09/01/2008</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Automobile</b>    | <b>\$0.00</b>     |
| <b>4.47</b>  | <b>Merrick Bank</b><br>Nonpriority Creditor's Name<br><b>PO Box 660702</b><br>Number Street<br><b>Dallas, TX 75266</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes  | <b>Last 4 digits of account number</b> <u>7425</u><br><b>When was the debt incurred?</b> <u>08/01/2022</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>credit card</b>   | <b>\$1,007.78</b> |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |   | Total claim   |
|--|---|---|
| 4.48   | <b>Midland Funding, LLC</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 939069</b><br>Number Street<br><b>San Diego, CA 92193</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>1259</u><br>When was the debt incurred? <u>08/01/2017</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>FactoringCompanyAccount</b><br><b>\$970.00</b> |
| 4.49   | <b>Northern Leasing Systems</b><br>Nonpriority Creditor's Name<br><b>419E Main st</b><br>Number Street<br><b>Middleton, NY 10940</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                         | Last 4 digits of account number <u>9996</u><br>When was the debt incurred? <u>02/15/2017</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>other</b><br><b>\$3,102.31</b>                 |
| 4.50   | <b>NTTA</b><br>Nonpriority Creditor's Name<br><b>PO Box 660244</b><br>Number Street<br><b>Dallas, TX 75266</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   | Last 4 digits of account number <u>4828</u><br>When was the debt incurred? <u>03/19/2022</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>other</b><br><b>\$49.49</b>                    |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |   | Total claim       |
|--|---|-------------------|
| 4.51   | <b>OneMain Financial</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 3251</b><br>Number Street<br><b>Evansville, IN 47731</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br><b>Last 4 digits of account number</b> <u>7590</u><br><b>When was the debt incurred?</b> <u>12/01/2019</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Secured</b>       | <b>\$0.00</b>     |
| 4.52   | <b>Portfolio Recovery Associates, LLC</b><br>Nonpriority Creditor's Name<br><b>P.O. Box 12914</b><br>Number Street<br><b>Norfolk, VA 23541</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br><b>Last 4 digits of account number</b> <u>3745</u><br><b>When was the debt incurred?</b> <u>09/01/2018</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>FactoringCompanyAccount</b> | <b>\$1,721.00</b> |
| 4.53   | <b>Robertson Neil Law</b><br>Nonpriority Creditor's Name<br><b>409 E. 26th St</b><br>Number Street<br><b>Bryan, TX 77803</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes<br><b>Last 4 digits of account number</b> _____<br><b>When was the debt incurred?</b> _____<br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____  | <b>\$2,219.25</b> |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |  | Total claim  |
|--|--|--|
| <b>4.54</b>  | <b>Southwest Hormone Laboratory</b><br>Nonpriority Creditor's Name<br><b>PO Box 17221</b><br>Number Street<br><b>Wilmington, DE 19850</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes               | <b>Last 4 digits of account number</b> <u>46a8</u><br><b>When was the debt incurred?</b> <u>03/24/2021</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>medical bill</b><br><b>\$199.76</b>   |
| <b>4.55</b>  | <b>St Joseph Health</b><br>Nonpriority Creditor's Name<br><b>PO Box 1259 Dept 141529</b><br>Number Street<br><b>Oaks, PA 19456</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                      | <b>Last 4 digits of account number</b> <u>6650</u><br><b>When was the debt incurred?</b> <u>04/13/2022</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>medical bill</b><br><b>\$2,740.00</b> |
| <b>4.56</b>  | <b>St Joseph Health College Station</b><br>Nonpriority Creditor's Name<br><b>1604 Rock Prairie</b><br>Number Street<br><b>College Station, TX 77845</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>na</u><br><b>When was the debt incurred?</b> <u>06/04/2021</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>medical bill</b><br><b>\$4,464.87</b>   |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |  | Total claim  |
|--|--|--|
| 4.57   | <b>St Joseph Regional Health Ctr</b><br>Nonpriority Creditor's Name<br><b>2801 Franciscan Dr</b><br>Number Street<br><b>Bryan, TX 77802</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>9209</u><br><b>When was the debt incurred?</b> <u>06/22/2018</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>medical bill</b><br><b>\$635.99</b> |
| 4.58   | <b>St Joseph Regional Health Ctr</b><br>Nonpriority Creditor's Name<br><b>PO Box 679873</b><br>Number Street<br><b>Dallas, TX 75267</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes     | <b>Last 4 digits of account number</b> <u>6412</u><br><b>When was the debt incurred?</b> <u>04/28/2022</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>medical bill</b><br><b>\$394.75</b> |
| 4.59   | <b>Star Furniture</b><br>Nonpriority Creditor's Name<br><b>3400 E 29th St</b><br>Number Street<br><b>Bryan, TX 77802</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                    | <b>Last 4 digits of account number</b> <u>8010</u><br><b>When was the debt incurred?</b> <u>07/01/2021</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>other</b><br><b>\$230.03</b>        |



Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

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|--|---|--|-----------------|
| <b>4.60</b>  | <b>Sterling Jewelers, Inc.</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 1799</b><br>Number Street<br><b>Akron, OH 44309-1799</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes           | Last 4 digits of account number <u>7208</u><br>When was the debt incurred? <u>04/01/2013</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>UnknownLoanType</b> | <b>\$0.00</b>   |
| <b>4.61</b>  | <b>Synchrony Bank Amazon</b><br>Nonpriority Creditor's Name<br><b>P.O. Box 965003</b><br>Number Street<br><b>Orlando, FL 32896</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input checked="" type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                            | Last 4 digits of account number <u>6080</u><br>When was the debt incurred? <u>01/13/2016</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>credit card</b>     | <b>\$970.59</b> |
| <b>4.62</b>  | <b>Synchrony Bank/Jewelry Custom</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 965064</b><br>Number Street<br><b>Orlando, FL 32896-5064</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>5121</u><br>When was the debt incurred? <u>01/05/2014</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>ChargeAccount</b>   | <b>\$0.00</b>   |



Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |  | Total claim  |
|--|--|--|
| 4.63   | <p><b>Texas A &amp; M University</b><br/>           Nonpriority Creditor's Name<br/> <b>750 Agronomy Rd</b><br/>           Number Street<br/> <b>College Station, TX 77843</b><br/>           City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.<br/> <input type="checkbox"/> Debtor 1 only<br/> <input type="checkbox"/> Debtor 2 only<br/> <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b><br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes</p> | <p><b>Last 4 digits of account number</b> <u>1113</u></p> <p><b>When was the debt incurred?</b> <u>11/01/2013</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.<br/> <input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b><br/> <input checked="" type="checkbox"/> Student loans<br/> <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br/> <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br/> <input type="checkbox"/> Other. Specify<br/> <b>Educational</b></p> <p><b>\$0.00</b></p>      |
| 4.64   | <p><b>Texas Children's</b><br/>           Nonpriority Creditor's Name<br/> <b>PO Box 4494</b><br/>           Number Street<br/> <b>Houston, TX 77210</b><br/>           City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.<br/> <input type="checkbox"/> Debtor 1 only<br/> <input checked="" type="checkbox"/> Debtor 2 only<br/> <input type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b><br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes</p>                                  | <p><b>Last 4 digits of account number</b> <u>6977</u></p> <p><b>When was the debt incurred?</b> <u>09/22/2022</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.<br/> <input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b><br/> <input type="checkbox"/> Student loans<br/> <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br/> <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br/> <input checked="" type="checkbox"/> Other. Specify<br/> <b>medical bill</b></p> <p><b>\$6,555.32</b></p> |
| 4.65   | <p><b>Texas ENT &amp; Allergy</b><br/>           Nonpriority Creditor's Name<br/> <b>PO Box 10194</b><br/>           Number Street<br/> <b>College Station, TX 77842</b><br/>           City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.<br/> <input type="checkbox"/> Debtor 1 only<br/> <input checked="" type="checkbox"/> Debtor 2 only<br/> <input type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b><br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> Yes</p>                  | <p><b>Last 4 digits of account number</b> <u>7144</u></p> <p><b>When was the debt incurred?</b> <u>06/11/2021</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.<br/> <input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b><br/> <input type="checkbox"/> Student loans<br/> <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br/> <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br/> <input checked="" type="checkbox"/> Other. Specify<br/> <b>medical bill</b></p> <p><b>\$219.96</b></p>   |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |   | Total claim   |                   |
|--|---|---|-------------------|
| 4.66   | <b>Toyota Financial Services</b><br>Nonpriority Creditor's Name<br><b>Po Box 4102</b><br>Number Street<br><b>Carol Stream, IL 60197-4102</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes           | <b>Last 4 digits of account number</b> <u>0001</u><br><b>When was the debt incurred?</b> <u>11/01/2014</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Automobile</b> | <b>\$0.00</b>     |
| 4.67   | <b>Upstart</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 1503</b><br>Number Street<br><b>San Carlos, CA 94070</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes         | <b>Last 4 digits of account number</b> <u>3519</u><br><b>When was the debt incurred?</b> <u>11/01/2019</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Unsecured</b>  | <b>\$0.00</b>     |
| 4.68   | <b>Upstart Finance</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 1503</b><br>Number Street<br><b>San Carlos, CA 94070</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>7865</u><br><b>When was the debt incurred?</b> <u>05/01/2021</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>Unsecured</b>  | <b>\$4,743.00</b> |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |   | Total claim  |
|--|---|--|
| <b>4.69</b>  | <b>Upstart Finance</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 1503</b><br>Number Street<br><b>San Carlos, CA 94070</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes             | <b>Last 4 digits of account number</b> <u>1138</u><br><b>When was the debt incurred?</b> <u>01/01/2022</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>Unsecured</b><br><b>\$2,704.00</b>                     |
| <b>4.70</b>  | <b>US Dept of Education/GL</b><br>Nonpriority Creditor's Name<br><b>2401 International Lane POB 7859</b><br>Number Street<br><b>Madison, WI 53704</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes              | <b>Last 4 digits of account number</b> <u>9851</u><br><b>When was the debt incurred?</b> <u>05/19/2012</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify<br><b>student loan</b><br><b>\$3,457.00</b>                  |
| <b>4.71</b>  | <b>US Small Business Admn.</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>409 3rd St , SW</b><br>Number Street<br><b>Washington, DC 20416</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input checked="" type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>5250</u><br><b>When was the debt incurred?</b> <u>10/28/2014</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>GovernmentMiscellaneousDebt</b><br><b>\$114,166.00</b> |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |   |   | Total claim        |
|--|---|---|--------------------|
| <b>4.72</b>  | <b>US Small Business Admn.</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>409 3rd St , SW</b><br>Number Street<br><b>Washington, DC 20416</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input checked="" type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>0750</u><br>When was the debt incurred? <u>12/30/2013</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>GovernmentMiscellaneousDebt</b> | <b>\$91,586.00</b> |
| <b>4.73</b>  | <b>USAA Federal Savings Bank</b><br>Nonpriority Creditor's Name<br><b>10750 McDermott Freeway</b><br>Number Street<br><b>San Antonio, TX 78288-0578</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input checked="" type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes            | Last 4 digits of account number <u>6064</u><br>When was the debt incurred? <u>11/01/2014</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>CreditCard</b>                  | <b>\$2,298.00</b>  |
| <b>4.74</b>  | <b>USAA Federal Savings Bank</b><br>Nonpriority Creditor's Name<br><b>10750 McDermott Freeway</b><br>Number Street<br><b>San Antonio, TX 78288-0578</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes            | Last 4 digits of account number <u>9062</u><br>When was the debt incurred? <u>02/24/2015</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>SecuredCreditCard</b>           | <b>\$0.00</b>      |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |  | Total claim   |               |
|--|--|---|---------------|
| <b>4.75</b>  | <b>USAA Federal Savings Bank</b><br>Nonpriority Creditor's Name<br><b>10750 McDermott Freeway</b><br>Number Street<br><b>San Antonio, TX 78288-0578</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>6730</u><br><b>When was the debt incurred?</b> <u>02/01/2015</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>CreditCard</b> | <b>\$0.00</b> |
| <b>4.76</b>  | <b>USAA Federal Savings Bank</b><br>Nonpriority Creditor's Name<br><b>10750 McDermott Freeway</b><br>Number Street<br><b>San Antonio, TX 78288-0578</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>0129</u><br><b>When was the debt incurred?</b> <u>09/01/2015</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>CreditCard</b> | <b>\$0.00</b> |
| <b>4.77</b>  | <b>USAA Federal Savings Bank</b><br>Nonpriority Creditor's Name<br><b>10750 McDermott Freeway</b><br>Number Street<br><b>San Antonio, TX 78288-0578</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | <b>Last 4 digits of account number</b> <u>9314</u><br><b>When was the debt incurred?</b> <u>09/25/2015</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <b>CreditCard</b> | <b>\$0.00</b> |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |   |   | Total claim        |
|--|---|---|--------------------|
| <b>4.78</b>  | <b>USDOE/GLELSI</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 7860</b><br>Number Street<br><b>Madison, WI 53707-7860</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input checked="" type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>8581</u><br>When was the debt incurred? <u>05/01/2012</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify<br><b>Educational</b> | <u>\$3,457.00</u>  |
| <b>4.79</b>  | <b>Wells Fargo Bank NA</b><br>Nonpriority Creditor's Name<br><b>8750 Highway 6 South</b><br>Number Street<br><b>Houston, TX 77083</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                            | Last 4 digits of account number <u>3618</u><br>When was the debt incurred? <u>02/01/2011</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>CreditCard</b>  | <u>\$13,976.00</u> |
| <b>4.80</b>  | <b>Wells Fargo Bank NA</b><br>Nonpriority Creditor's Name<br><b>8750 Highway 6 South</b><br>Number Street<br><b>Houston, TX 77083</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                            | Last 4 digits of account number <u>0001</u><br>When was the debt incurred? <u>08/01/2015</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify<br><b>NoteLoan</b>    | <u>\$0.00</u>      |

|          |              |               |                 |
|----------|--------------|---------------|-----------------|
| Debtor 1 | <b>Joel</b>  | <b>Dennis</b> | <b>Crutcher</b> |
| Debtor 2 | <b>Amber</b> | <b>Nicole</b> | <b>Crutcher</b> |
|          | First Name   | Middle Name   | Last Name       |

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.81

**Zales Comenity**

Nonpriority Creditor's Name

**P.O. Box 659819**

Number Street

**San Antonio, TX 78265**

City State ZIP Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **8589**When was the debt incurred? **01/01/2020****As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify  
**credit card****\$0.00**



|          |              |               |                 |
|----------|--------------|---------------|-----------------|
| Debtor 1 | <b>Joel</b>  | <b>Dennis</b> | <b>Crutcher</b> |
| Debtor 2 | <b>Amber</b> | <b>Nicole</b> | <b>Crutcher</b> |
|          | First Name   | Middle Name   | Last Name       |

Case number (if known) \_\_\_\_\_

**Part 3:** List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Brittani Crutcher**

Name

**2436 Rushing Springs Dr.**

Number Street

**Fort Worth, TX 76118**

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.73 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Client Servies, Inc.**

Name

**3451 Harry S. Truman Blvd**

Number Street

**St. Charles, MT 63301**

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.57 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Credit Collection Services**

Name

**PO Box 55126**

Number Street

**Boston, MA 02205-5126**

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.21 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Joseph I. Sussman, P.C.**

Name

**Index # CV-017322-19/NY****333 Pearsall Ave. Suite 205**

Number Street

**Cedarhurst, NY 11516**

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.49 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Midland Credit Managment 306661259**

Name

**PO Box 301030**

Number Street

**Los Angeles, CA 90030**

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.61 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Portfolio Recovery Associates, LLC**

Name

**PO Box 115220**

Number Street

**Carrollton, TX 75011**

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Revco Solutions, Inc**

Name

**2700 Meridian Parkway Suite 200**

Number Street

**Durham, NC 27713**

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.56 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_



|          |              |               |                 |                              |
|----------|--------------|---------------|-----------------|------------------------------|
| Debtor 1 | <b>Joel</b>  | <b>Dennis</b> | <b>Crutcher</b> |                              |
| Debtor 2 | <b>Amber</b> | <b>Nicole</b> | <b>Crutcher</b> | Case number (if known) _____ |
|          | First Name   | Middle Name   | Last Name       |                              |

**Part 3:** List Others to Be Notified About a Debt That You Already Listed Additional Page**RMP Services LLC**

Name

**PO Box 630844**

Number Street

**Cincinnati, OH 45263**

City

State

ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**Line **4.20** of (Check one):

Part 1: Creditors with Priority Unsecured Claims



Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number** \_\_\_\_\_

Debtor 1  
Debtor 2Joel  
Amber

First Name

Dennis  
Nicole

Middle Name

Crutcher  
Crutcher

Last Name

Case number (if known) \_\_\_\_\_

**Part 4:** Add the Amounts for Each Type of Unsecured Claim

**6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.**

**Total claims  
from Part 1**

6a. Domestic support obligations

6a. \$0.00

6b. Taxes and certain other debts you owe the government

6b. \$0.00

6c. Claims for death or personal injury while you were intoxicated

6c. \$0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$0.00

6e. Total. Add lines 6a through 6d.

6e. \$0.00**Total claim****Total claims  
from Part 2**

6f. Student loans

6f. \$6,914.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$280,181.46

6j. Total. Add lines 6f through 6i.

6j. \$287,095.46**Total claim**

Fill in this information to identify your case:

|   |                                   |               |                 |
|---|-----------------------------------|---------------|-----------------|
| Debtor 1                                | <u>Joel</u>                       | <u>Dennis</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| Debtor 2<br>(Spouse, if filing)         | <u>Amber</u>                      | <u>Nicole</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |               |                 |
| Case number<br>(if known)               | <u></u>                           |               |                 |

☐ Check if this is an amended filing

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

## 1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

## 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease   | State what the contract or lease is for       |
|--|---|
| 2.1 <u>Jennifer Olson</u><br>Name<br><u>1304 Augustine Court</u><br>Number Street<br><u>College Station, TX 77840</u><br>City State ZIP Code | Residential Lease<br>Contract to be ASSUMED   |
| 2.2 <u>Robertson Neal Law</u><br>Name<br><u>409 E. 26th St</u><br>Number Street<br><u>Bryan, TX 77803</u><br>City State ZIP Code             | Family Law Attorney<br>Contract to be ASSUMED |
| 2.3 <u></u><br>Name<br><u></u><br>Number Street<br><u></u><br>City State ZIP Code  |   |
| 2.4 <u></u><br>Name<br><u></u><br>Number Street<br><u></u><br>City State ZIP Code  |   |

Fill in this information to identify your case:

|   |                                   |               |                 |
|---|-----------------------------------|---------------|-----------------|
| Debtor 1                                | <u>Joel</u>                       | <u>Dennis</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| Debtor 2<br>(Spouse, if filing)         | <u>Amber</u>                      | <u>Nicole</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |               |                 |
| Case number<br>(if known)               | <u></u>                           |               |                 |

☐ Check if this is an amended filing

## Official Form 106H

## Schedule H: Your Codebtors

12/15

**Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.**

- Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes
- Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No. Go to line 3.

☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☒ Yes. In which community state or territory did you live? Texas. Fill in the name and current address of that person.

Brittani Crutcher  
Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

☒ Yes. In which community state or territory did you live? Texas. Fill in the name and current address of that person.

Monceaux, Brody  
Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

☒ Yes. In which community state or territory did you live? Texas. Fill in the name and current address of that person.

Crutcher, Joel  
Name of your spouse, former spouse, or legal equivalent

1304 Augustine Ct  
Number Street

College Station, 77840  
City State ZIP Code
- In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

|          |              |               |                 |
|----------|--------------|---------------|-----------------|
| Debtor 1 | <b>Joel</b>  | <b>Dennis</b> | <b>Crutcher</b> |
| Debtor 2 | <b>Amber</b> | <b>Nicole</b> | <b>Crutcher</b> |
|          | First Name   | Middle Name   | Last Name       |

Case number (if known) \_\_\_\_\_

|     | Column 1: Your codebtor  | Column 2: The creditor to whom you owe the debt   |
|-----|--|---|
|     |  | Check all schedules that apply:   |
| 3.1 | Brittani Crutcher<br>Name<br>2436 Rushing Springs Dr.<br>Number Street<br>Fort Worth, TX 76118<br>City State ZIP Code      | <input type="checkbox"/> Schedule D, line _____<br><input checked="" type="checkbox"/> Schedule E/F, line <u>4.73</u><br><input type="checkbox"/> Schedule G, line _____            |
| 3.2 | Crutcher, Brittani<br>Name<br>2436 Rushing Springs Dr<br>Number Street<br>Fort Worth, TX 76118-7759<br>City State ZIP Code | <input type="checkbox"/> Schedule D, line _____<br><input checked="" type="checkbox"/> Schedule E/F, line <u>4.4, 4.71, 4.72</u><br><input type="checkbox"/> Schedule G, line _____ |

Fill in this information to identify your case:

|   |                                   |               |                 |
|---|-----------------------------------|---------------|-----------------|
| Debtor 1                                | <u>Joel</u>                       | <u>Dennis</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| Debtor 2<br>(Spouse, if filing)         | <u>Amber</u>                      | <u>Nicole</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |               |                 |
| Case number<br>(if known)               | <u></u>                           |               |                 |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment

## 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

## Employment status

## Occupation

## Employer's name

## Employer's address

How long employed there? 2 years

## Debtor 1

☒ Employed ☐ Not EmployedWarehouse/Distribution ManagerMessina Hof4545 Old Reliance Rd  
Number StreetBryan, TX 77808

City State Zip Code

## Debtor 2 or non-filing spouse

☒ Employed ☐ Not EmployedBookkeepingJoe's PlacesP.O Box 511  
Number StreetBryan, TX 77806

City State Zip Code

## Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

## For Debtor 1

## For Debtor 2 or non-filing spouse

2. \$3,914.47 \$7,150.003. + \$0.00 + \$0.004. \$3,914.47 \$7,150.00

|          |              |               |                 |
|----------|--------------|---------------|-----------------|
| Debtor 1 | <b>Joel</b>  | <b>Dennis</b> | <b>Crutcher</b> |
| Debtor 2 | <b>Amber</b> | <b>Nicole</b> | <b>Crutcher</b> |
|          | First Name   | Middle Name   | Last Name       |

Case number (if known) \_\_\_\_\_

|   |       | For Debtor 1 | For Debtor 2 or non-filing spouse |            |
|---|-------|--------------|-----------------------------------|------------|
| Copy line 4 here.....→  | 4.    | \$3,914.47   | \$7,150.00                        |            |
| 5. List all payroll deductions:   |       |              |                                   |            |
| 5a. Tax, Medicare, and Social Security deductions   | 5a.   | \$235.45     | \$651.00                          |            |
| 5b. Mandatory contributions for retirement plans  | 5b.   | \$0.00       | \$0.00                            |            |
| 5c. Voluntary contributions for retirement plans  | 5c.   | \$391.45     | \$0.00                            |            |
| 5d. Required repayments of retirement fund loans  | 5d.   | \$0.00       | \$0.00                            |            |
| 5e. Insurance   | 5e.   | \$1,311.85   | \$0.00                            |            |
| 5f. Domestic support obligations  | 5f.   | \$0.00       | \$0.00                            |            |
| 5g. Union dues  | 5g.   | \$0.00       | \$0.00                            |            |
| 5h. Other deductions. Specify: _____  | 5h. + | \$407.27     | \$0.00                            |            |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.   | 6.    | \$2,346.02   | \$651.00                          |            |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  | 7.    | \$1,568.45   | \$6,499.00                        |            |
| 8. List all other income regularly received:  |       |              |                                   |            |
| 8a. Net income from rental property and from operating a business, profession, or farm<br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a.   | \$0.00       | \$0.00                            |            |
| 8b. Interest and dividends  | 8b.   | \$0.00       | \$0.00                            |            |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive<br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.   | \$758.91     | \$817.00                          |            |
| 8d. Unemployment compensation   | 8d.   | \$0.00       | \$0.00                            |            |
| 8e. Social Security   | 8e.   | \$0.00       | \$0.00                            |            |
| 8f. Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify: _____  | 8f.   | \$0.00       | \$0.00                            |            |
| 8g. Pension or retirement income  | 8g.   | \$0.00       | \$0.00                            |            |
| 8h. Other monthly income. Specify: _____  | 8h. + | \$0.00       | \$0.00                            |            |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.   | 9.    | \$758.91     | \$817.00                          |            |
| 10. Calculate monthly income. Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse   | 10.   | \$2,327.36   | \$7,316.00                        | \$9,643.36 |
| 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> .<br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.<br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .<br>Specify: _____ | 11. + |              | \$0.00                            |            |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies  | 12.   |              | \$9,643.36                        |            |
| <b>Combined monthly income</b>  |       |              |                                   |            |
| 13. Do you expect an increase or decrease within the year after you file this form?   |       |              |                                   |            |
| <input checked="" type="checkbox"/> No.   |       |              |                                   |            |
| <input type="checkbox"/> Yes. Explain:  |       |              |                                   |            |

Fill in this information to identify your case:

|   |                                   |               |                 |
|---|-----------------------------------|---------------|-----------------|
| Debtor 1                                | <u>Joel</u>                       | <u>Dennis</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| Debtor 2<br>(Spouse, if filing)         | <u>Amber</u>                      | <u>Nicole</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |               |                 |
| Case number<br>(if known)               | <u></u>                           |               |                 |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

## Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Your Household

## 1. Is this a joint case?

☐ No. Go to line 2.☒ Yes. Does Debtor 2 live in a separate household?☒ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

## 2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child7☐ No. ☒ Yes.Child6☐ No. ☒ Yes.Child1☐ No. ☒ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.

## 3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No☐ Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$1,750.00

## If not included in line 4:

4a. Real estate taxes

4a. \$0.00

4b. Property, homeowner's, or renter's insurance

4b. \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$40.00

4d. Homeowner's association or condominium dues

4d. \$0.00



|          |              |               |                 |
|----------|--------------|---------------|-----------------|
| Debtor 1 | <b>Joel</b>  | <b>Dennis</b> | <b>Crutcher</b> |
| Debtor 2 | <b>Amber</b> | <b>Nicole</b> | <b>Crutcher</b> |
|          | First Name   | Middle Name   | Last Name       |

Case number (if known) \_\_\_\_\_

|      |  | Your expenses |                   |
|------|--|---------------|-------------------|
| 5.   | <b>Additional mortgage payments for your residence</b> , such as home equity loans   | 5.            | <u>\$0.00</u>     |
| 6.   | <b>Utilities:</b>  |               |                   |
| 6a.  | Electricity, heat, natural gas   | 6a.           | <u>\$469.57</u>   |
| 6b.  | Water, sewer, garbage collection   | 6b.           | <u>\$100.00</u>   |
| 6c.  | Telephone, cell phone, Internet, satellite, and cable services   | 6c.           | <u>\$283.00</u>   |
| 6d.  | Other. Specify: _____ Other utilities _____  | 6d.           | <u>\$50.00</u>    |
| 7.   | <b>Food and housekeeping supplies</b>  | 7.            | <u>\$1,500.00</u> |
| 8.   | <b>Childcare and children's education costs</b>  | 8.            | <u>\$715.00</u>   |
| 9.   | <b>Clothing, laundry, and dry cleaning</b>   | 9.            | <u>\$250.00</u>   |
| 10.  | <b>Personal care products and services</b>   | 10.           | <u>\$250.00</u>   |
| 11.  | <b>Medical and dental expenses</b>   | 11.           | <u>\$100.00</u>   |
| 12.  | <b>Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments.  | 12.           | <u>\$800.00</u>   |
| 13.  | <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>  | 13.           | <u>\$250.00</u>   |
| 14.  | <b>Charitable contributions and religious donations</b>  | 14.           | <u>\$0.00</u>     |
| 15.  | <b>Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.   |               |                   |
| 15a. | Life insurance   | 15a.          | <u>\$11.46</u>    |
| 15b. | Health insurance   | 15b.          | <u>\$0.00</u>     |
| 15c. | Vehicle insurance  | 15c.          | <u>\$197.00</u>   |
| 15d. | Other insurance. Specify: _____  | 15d.          | <u>\$0.00</u>     |
| 16.  | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: _____  | 16.           | <u>\$0.00</u>     |
| 17.  | <b>Installment or lease payments:</b>  |               |                   |
| 17a. | Car payments for Vehicle 1   | 17a.          | <u>\$759.00</u>   |
| 17b. | Car payments for Vehicle 2   | 17b.          | <u>\$858.01</u>   |
| 17c. | Other. Specify: _____ Furniture _____  | 17c.          | <u>\$200.00</u>   |
| 17d. | Other. Specify: _____  | 17d.          | <u>\$0.00</u>     |
| 18.  | <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b> | 18.           | <u>\$0.00</u>     |
| 19.  | <b>Other payments you make to support others who do not live with you.</b><br>Specify: _____   | 19.           | <u>\$0.00</u>     |
| 20.  | <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>   |               |                   |
| 20a. | Mortgages on other property  | 20a.          | <u>\$0.00</u>     |
| 20b. | Real estate taxes  | 20b.          | <u>\$0.00</u>     |
| 20c. | Property, homeowner's, or renter's insurance   | 20c.          | <u>\$0.00</u>     |
| 20d. | Maintenance, repair, and upkeep expenses   | 20d.          | <u>\$0.00</u>     |
| 20e. | Homeowner's association or condominium dues  | 20e.          | <u>\$0.00</u>     |

Debtor 1  
Debtor 2Joel  
AmberDennis  
NicoleCrutcher  
Crutcher

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

21. **Other.** Specify: \_\_\_\_\_

21. + \_\_\_\_\_ \$0.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \_\_\_\_\_ \$8,583.04

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \_\_\_\_\_ \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \_\_\_\_\_ \$8,583.04

23. **Calculate your monthly net income.**23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \_\_\_\_\_ \$9,643.36

23b. Copy your monthly expenses from line 22c above.

23b. - \_\_\_\_\_ \$8,583.04

23c. Subtract your monthly expenses from your monthly income.

23c. \_\_\_\_\_ \$1,060.32

The result is your *monthly net income*.24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

None

Fill in this information to identify your case:

|   |                                   |               |                 |
|---|-----------------------------------|---------------|-----------------|
| Debtor 1                                | <u>Joel</u>                       | <u>Dennis</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| Debtor 2<br>(Spouse, if filing)         | <u>Amber</u>                      | <u>Nicole</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |               |                 |
| Case number<br>(if known)               | <u></u>                           |               |                 |

☐ Check if this is an amended filing

## Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

### Part 1: Summarize Your Assets

#### 1. *Schedule A/B: Property* (Official Form 106A/B)

|   |                    |
|---|--------------------|
| 1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....       | <u>\$0.00</u>      |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> ..... | <u>\$91,656.78</u> |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....      | <u>\$91,656.78</u> |

#### Your assets

Value of what you own

### Part 2: Summarize Your Liabilities

#### 2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

|   |                    |
|---|--------------------|
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ..... | <u>\$90,048.00</u> |
|---|--------------------|

#### 3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

|  |                     |
|--|---------------------|
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....    | <u>\$0.00</u>       |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> ..... | <u>\$287,095.46</u> |

Your total liabilities

|                     |
|---------------------|
| <u>\$377,143.46</u> |
|---------------------|

#### Your liabilities

Amount you owe

### Part 3: Summarize Your Income and Expenses

#### 4. *Schedule I: Your Income* (Official Form 106I)

|   |                   |
|---|-------------------|
| Copy your combined monthly income from line 12 of <i>Schedule I</i> ..... | <u>\$9,643.36</u> |
|---|-------------------|

#### 5. *Schedule J: Your Expenses* (Official Form 106J)

|   |                   |
|---|-------------------|
| Copy your monthly expenses from line 22c of <i>Schedule J</i> ..... | <u>\$8,583.04</u> |
|---|-------------------|

Debtor 1  
Debtor 2Joel  
Amber  
First NameDennis  
Nicole  
Middle NameCrutcher  
Crutcher  
Last Name

Case number (if known) \_\_\_\_\_

**Part 4:** Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.
**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9d. Student loans. (Copy line 6f.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+ 9g. **Total.** Add lines 9a through 9f.

Fill in this information to identify your case:

|   |                                   |               |                 |
|---|-----------------------------------|---------------|-----------------|
| Debtor 1                                | <u>Joel</u>                       | <u>Dennis</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| Debtor 2<br>(Spouse, if filing)         | <u>Amber</u>                      | <u>Nicole</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |               |                 |
| Case number<br>(if known)               | <u></u>                           |               |                 |

☐ Check if this is an amended filing

## Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No
☐ Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

|  |   |
|--|---|
| <b>X</b> <u>/s/ Joel Dennis Crutcher</u> | <b>X</b> <u>/s/ Amber Nicole Crutcher</u> |
| Joel Dennis Crutcher, Debtor 1           | Amber Nicole Crutcher, Debtor 2           |

Date 11/23/2022  
MM/ DD/ YYYY

Date 11/23/2022  
MM/ DD/ YYYY

Fill in this information to identify your case:

|   |                                   |               |                 |
|---|-----------------------------------|---------------|-----------------|
| Debtor 1                                | <u>Joel</u>                       | <u>Dennis</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| Debtor 2<br>(Spouse, if filing)         | <u>Amber</u>                      | <u>Nicole</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |               |                 |
| Case number<br>(if known)               | <u></u>                           |               |                 |

☐ Check if this is an amended filing

## Official Form 107

## Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Give Details About Your Marital Status and Where You Lived Before

## 1. What is your current marital status?

- ☒ Married
- ☐ Not married

## 2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
- ☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1:   | Dates Debtor 1 lived there                     | Debtor 2:  | Dates Debtor 2 lived there                           |
|---|--|--|--|
| <u>940 Dove Landing</u><br>Number Street                | From <u>08/01/2019</u><br>To <u>07/15/2020</u> | <u>4050 Pendelton Apt 217</u><br>Number Street       | From <u>07/01/2020</u><br>To <u>06/30/2021</u>       |
| <u>College Station, TX 77845</u><br>City State ZIP Code |  | <u>Bryan, TX 77802</u><br>City State ZIP Code        |  |
| <u>4050 Pendelton Apt 217</u><br>Number Street          | From <u>07/01/2020</u><br>To <u>06/30/2021</u> | <input checked="" type="checkbox"/> Same as Debtor 1 | <input checked="" type="checkbox"/> Same as Debtor 1 |
| <u>Bryan, TX 77802</u><br>City State ZIP Code           |  | <u></u><br>Number Street                             | From <u></u><br>To <u></u>                           |
|   |  | <u></u><br>City State ZIP Code                       |  |

## 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No
- ☒ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2:** Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

|   | Debtor 1   |  | Debtor 2  |  |
|---|--|--|---|--|
|   | Sources of income<br>Check all that apply.   | Gross Income<br>(before deductions and exclusions) | Sources of income<br>Check all that apply.  | Gross Income<br>(before deductions and exclusions) |
| <b>From January 1 of current year until the date you filed for bankruptcy:</b>                | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | 108,386.06<br>(estimate)                           | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |  |
| <b>For last calendar year:</b><br>(January 1 to December 31, <u>2021</u> )<br>YYYY            | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$116,155.00                                       | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |  |
| <b>For the calendar year before that:</b><br>(January 1 to December 31, <u>2020</u> )<br>YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$91,849.96  | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |  |

**5. Did you receive any other income during this year or the two previous calendar years?**Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.☐ No☒ Yes. Fill in the details.

|   | Debtor 1                             |   | Debtor 2                             |   |
|---|--------------------------------------|---|--------------------------------------|---|
|   | Sources of income<br>Describe below. | Gross income from each source<br>(before deductions and exclusions) | Sources of income<br>Describe below. | Gross Income from each source<br>(before deductions and exclusions) |
| <b>From January 1 of current year until the date you filed for bankruptcy:</b>                | Other                                | \$9,804.00  |                                      |   |
|   |                                      |   |                                      |   |
|   |                                      |   |                                      |   |
| <b>For last calendar year:</b><br>(January 1 to December 31, <u>2021</u> )<br>YYYY            | Other                                | \$9,804.00  |                                      |   |
|   |                                      |   |                                      |   |
|   |                                      |   |                                      |   |
| <b>For the calendar year before that:</b><br>(January 1 to December 31, <u>2020</u> )<br>YYYY | Other                                | \$9,804.00  |                                      |   |
|   |                                      |   |                                      |   |
|   |                                      |   |                                      |   |

|          |              |               |                 |
|----------|--------------|---------------|-----------------|
| Debtor 1 | <b>Joel</b>  | <b>Dennis</b> | <b>Crutcher</b> |
| Debtor 2 | <b>Amber</b> | <b>Nicole</b> | <b>Crutcher</b> |
|          | First Name   | Middle Name   | Last Name       |

Case number (if known) \_\_\_\_\_

**Part 3:** List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.

- ☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

|   | Dates of payment | Total amount paid | Amount you still owe | Was this payment for...                       |
|---|------------------|-------------------|----------------------|---|
| IBEW Credit Union<br>Creditor's Name      | 10/01/2022       | \$2,277.03        | 48673.06 (estimate)  | <input type="checkbox"/> Mortgage             |
| 3805 W. Cardinal<br>Number Street         | 09/01/2022       |                   |                      | <input checked="" type="checkbox"/> Car       |
| Beaumont, TX 77705<br>City State ZIP Code | 08/01/2022       |                   |                      | <input type="checkbox"/> Credit card          |
|   |                  |                   |                      | <input type="checkbox"/> Loan repayment       |
|   |                  |                   |                      | <input type="checkbox"/> Suppliers or vendors |
|   |                  |                   |                      | <input type="checkbox"/> Other _____          |
| IBEW Credit Union<br>Creditor's Name      | 10/01/2022       | \$2,574.03        | 42,538.25 (estimate) | <input type="checkbox"/> Mortgage             |
| 3805 W. Cardinal<br>Number Street         | 09/01/2022       |                   |                      | <input checked="" type="checkbox"/> Car       |
| Beaumont, TX 77705<br>City State ZIP Code | 08/01/2022       |                   |                      | <input type="checkbox"/> Credit card          |
|   |                  |                   |                      | <input type="checkbox"/> Loan repayment       |
|   |                  |                   |                      | <input type="checkbox"/> Suppliers or vendors |
|   |                  |                   |                      | <input type="checkbox"/> Other _____          |

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No

- ☐ Yes. List all payments to an insider.



Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

| Dates of payment  | Total amount paid | Amount you still owe | Reason for this payment |
|---|-------------------|----------------------|-------------------------|
| Insider's Name _____<br>Number _____ Street _____<br>_____<br>City _____ State _____ ZIP Code _____ |                   |                      |                         |

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
 Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

| Dates of payment  | Total amount paid | Amount you still owe | Reason for this payment<br>Include creditor's name |
|---|-------------------|----------------------|--|
| Insider's Name _____<br>Number _____ Street _____<br>_____<br>City _____ State _____ ZIP Code _____ |                   |                      |  |

#### Part 4: Identify Legal Actions, Repossessions, and Foreclosures

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No

☒ Yes. Fill in the details.

| Nature of the case  | Court or agency  | Status of the case  |
|---|--|---|
| Case title <u>Robertson Neal Law</u><br>Case number <u>19-001633-CVD-CCL2</u> | Child Custody<br><br>Family Law<br>Court Name<br><u>409 E. 26th St</u><br>Number _____ Street _____<br><u>Bryan, TX 77803</u><br>City _____ State _____ ZIP Code _____ | <input checked="" type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

☒ No. Go to line 11.

☐ Yes. Fill in the information below.

|          |              |               |                 |                              |
|----------|--------------|---------------|-----------------|------------------------------|
| Debtor 1 | <b>Joel</b>  | <b>Dennis</b> | <b>Crutcher</b> | Case number (if known) _____ |
| Debtor 2 | <b>Amber</b> | <b>Nicole</b> | <b>Crutcher</b> |                              |
|          | First Name   | Middle Name   | Last Name       |                              |

  

|                     |  |   |      |                       |
|---------------------|--|---|------|-----------------------|
| Creditor's Name     |  | Describe the property   | Date | Value of the property |
| Number Street       |  |   |      |                       |
| City State ZIP Code |  | <b>Explain what happened</b><br><input type="checkbox"/> Property was repossessed.<br><input type="checkbox"/> Property was foreclosed.<br><input type="checkbox"/> Property was garnished.<br><input type="checkbox"/> Property was attached, seized, or levied. |      |                       |

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**



No

☐ Yes. Fill in the details.

|                     |  |  |                       |        |
|---------------------|--|--|-----------------------|--------|
| Creditor's Name     |  | Describe the action the creditor took          | Date action was taken | Amount |
| Number Street       |  |  |                       |        |
| City State ZIP Code |  | Last 4 digits of account number: XXXX- _ _ _ _ |                       |        |

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**



No

☐ Yes

#### Part 5: List Certain Gifts and Contributions

**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**



No

☐ Yes. Fill in the details for each gift.

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

| Gifts with a total value of more than \$600 per person  | Describe the gifts | Dates you gave the gifts | Value          |
|---|--------------------|--------------------------|----------------|
| Person to Whom You Gave the Gift<br><br>_____<br>_____<br>Number Street<br>_____<br>City State ZIP Code<br>Person's relationship to you _____ |                    | _____<br>_____           | _____<br>_____ |

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600                        | Describe what you contributed | Date you contributed | Value          |
|---|-------------------------------|----------------------|----------------|
| Charity's Name<br><br>_____<br>_____<br>Number Street<br>_____<br>City State ZIP Code |                               | _____<br>_____       | _____<br>_____ |

**Part 6:** List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss<br>Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> . | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
|  |   | _____<br>_____    | _____<br>_____         |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 7:** List Certain Payments or Transfers**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.

| Description and value of any property transferred  | Date payment or transfer was made   | Amount of payment |
|--|---|-------------------|
| <b>Baker &amp; Associates</b><br>Person Who Was Paid<br><u>950 Echo Lane Suite 300</u><br>Number Street<br><br><u>Houston, TX 77024</u><br>City State ZIP Code<br><br>Email or website address<br><u>Amber Crutcher</u><br>Person Who Made the Payment, if Not You | Legal Fees \$2,426 Filing Fee \$338, Credit Report \$74<br><br><u>10/12/22-10/17/22</u> | <u>\$2,838.00</u> |
| <b>CC Advising, Inc</b><br>Person Who Was Paid<br><u>703 Washington Ave. Suite 200</u><br>Number Street<br><br><u>Bay City, MI 48708-5732</u><br>City State ZIP Code<br><br>Email or website address<br>Person Who Made the Payment, if Not You                    | Credit Counseling Course<br><br><u>11/03/2022</u>                                       | <u>\$19.52</u>    |

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

☒ No☐ Yes. Fill in the details.

| Description and value of any property transferred                   | Date payment or transfer was made | Amount of payment |
|---|-----------------------------------|-------------------|
| Person Who Was Paid<br><br>Number Street<br><br>City State ZIP Code |                                   |                   |

Debtor 1 **Joel** **Dennis** **Crutcher**  
 Debtor 2 **Amber** **Nicole** **Crutcher**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  
 Do not include gifts and transfers that you have already listed on this statement.



No



Yes. Fill in the details.

|                                       | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---------------------------------------|---|--|------------------------|
| Person Who Received Transfer _____    |   |  | _____                  |
| Number _____ Street _____             |   |  |                        |
| _____                                 |   |  |                        |
| City _____ State _____ ZIP Code _____ |   |  |                        |
| Person's relationship to you _____    |   |  |                        |

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?**  
(These are often called *asset-protection devices*.)

No



Yes. Fill in the details.

|                     | Description and value of the property transferred | Date transfer was made |
|---------------------|---|------------------------|
| Name of trust _____ |   | _____                  |
| _____               |   |                        |

**Part 8:** List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.



No



Yes. Fill in the details.

|          |              |               |                 |                              |
|----------|--------------|---------------|-----------------|------------------------------|
| Debtor 1 | <b>Joel</b>  | <b>Dennis</b> | <b>Crutcher</b> |                              |
| Debtor 2 | <b>Amber</b> | <b>Nicole</b> | <b>Crutcher</b> | Case number (if known) _____ |
|          | First Name   | Middle Name   | Last Name       |                              |

  

|   |  |             |                                       |       |       |
|---|--|-------------|---------------------------------------|-------|-------|
| _____<br><b>Name of Financial Institution</b> |  | XXXX- _____ | <input type="checkbox"/> Checking     | _____ | _____ |
| _____<br><b>Number Street</b>                 |  |             | <input type="checkbox"/> Savings      |       |       |
| _____   |  |             | <input type="checkbox"/> Money market |       |       |
| _____   |  |             | <input type="checkbox"/> Brokerage    |       |       |
| _____<br><b>City State ZIP Code</b>           |  |             | <input type="checkbox"/> Other _____  |       |       |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?



No

☐ Yes. Fill in the details.

|   |  |                                     |   |                              |
|---|--|-------------------------------------|---|------------------------------|
|   |  | <b>Who else had access to it?</b>   | <b>Describe the contents</b>                                | <b>Do you still have it?</b> |
| _____<br><b>Name of Financial Institution</b> |  | _____<br><b>Name</b>                | <div style="border: 1px solid black; height: 120px;"></div> | <input type="checkbox"/> No  |
| _____<br><b>Number Street</b>                 |  | _____<br><b>Number Street</b>       |   | <input type="checkbox"/> Yes |
| _____   |  | _____<br><b>City State ZIP Code</b> |   |                              |
| _____<br><b>City State ZIP Code</b>           |  |                                     |   |                              |

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?



No

☐ Yes. Fill in the details.

|  |  |  |   |                              |
|--|--|--|---|------------------------------|
|  |  | <b>Who else has or had access to it?</b> | <b>Describe the contents</b>                                | <b>Do you still have it?</b> |
| _____<br><b>Name of Storage Facility</b> |  | _____<br><b>Name</b>                     | <div style="border: 1px solid black; height: 120px;"></div> | <input type="checkbox"/> No  |
| _____<br><b>Number Street</b>            |  | _____<br><b>Number Street</b>            |   | <input type="checkbox"/> Yes |
| _____                                    |  | _____<br><b>City State ZIP Code</b>      |   |                              |
| _____<br><b>City State ZIP Code</b>      |  |  |   |                              |

|          |              |               |                 |
|----------|--------------|---------------|-----------------|
| Debtor 1 | <b>Joel</b>  | <b>Dennis</b> | <b>Crutcher</b> |
| Debtor 2 | <b>Amber</b> | <b>Nicole</b> | <b>Crutcher</b> |
|          | First Name   | Middle Name   | Last Name       |

Case number (if known) \_\_\_\_\_

**Part 9: Identify Property You Hold or Control for Someone Else****23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**☒ No☐ Yes. Fill in the details.

| Where is the property?   | Describe the property | Value |
|--|-----------------------|-------|
| <b>Owner's Name</b><br>_____<br>_____<br><b>Number Street</b><br>_____<br>_____<br><b>City State ZIP Code</b><br>_____ |                       |       |

**Part 10: Give Details About Environmental Information****For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

**Report all notices, releases, and proceedings that you know about, regardless of when they occurred.****24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**☒ No☐ Yes. Fill in the details.

| Governmental unit  | Environmental law, if you know it | Date of notice |
|--|-----------------------------------|----------------|
| <b>Name of site</b><br>_____<br>_____<br><b>Number Street</b><br>_____<br>_____<br><b>City State ZIP Code</b><br>_____ |                                   |                |

**25. Have you notified any governmental unit of any release of hazardous material?**☒ No☐ Yes. Fill in the details.

|          |              |               |                 |                              |
|----------|--------------|---------------|-----------------|------------------------------|
| Debtor 1 | <b>Joel</b>  | <b>Dennis</b> | <b>Crutcher</b> |                              |
| Debtor 2 | <b>Amber</b> | <b>Nicole</b> | <b>Crutcher</b> | Case number (if known) _____ |
|          | First Name   | Middle Name   | Last Name       |                              |

  

|                     |               |                          |  |                       |
|---------------------|---------------|--------------------------|--|-----------------------|
|                     |               | <b>Governmental unit</b> | <b>Environmental law, if you know it</b> | <b>Date of notice</b> |
| <b>Name of site</b> |               | <b>Governmental unit</b> |  |                       |
| <b>Number</b>       | <b>Street</b> | <b>Number</b>            | <b>Street</b>                            |                       |
|                     |               | <b>City</b>              | <b>State</b>                             | <b>ZIP Code</b>       |
| <b>City</b>         | <b>State</b>  | <b>ZIP Code</b>          |  |                       |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Fill in the details.

|                    |  |                        |                           |                                    |
|--------------------|--|------------------------|---------------------------|------------------------------------|
|                    |  | <b>Court or agency</b> | <b>Nature of the case</b> | <b>Status of the case</b>          |
| <b>Case title</b>  |  | <b>Court Name</b>      |                           | <input type="checkbox"/> Pending   |
|                    |  | <b>Number</b>          | <b>Street</b>             | <input type="checkbox"/> On appeal |
| <b>Case number</b> |  | <b>City</b>            | <b>State</b>              | <b>ZIP Code</b>                    |

**Part 11:** Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)

☐ A partner in a partnership

☐ An officer, director, or managing executive of a corporation

☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

|  |  |   |
|--|--|---|
| <u>Gun Corps LLC</u>                     | <b>Describe the nature of the business</b> | <b>Employer Identification number</b>                 |
| <b>Name</b>                              | Retail                                     | <b>Do not include Social Security number or ITIN.</b> |
| <u>2501 S Texas Ave</u>                  |  | <b>EIN: 4 6 - 2 4 7 2 3 3 7</b>                       |
| <b>Number</b> <b>Street</b>              | <b>Name of accountant or bookkeeper</b>    | <b>Dates business existed</b>                         |
| <u>College Station, TX 77840</u>         |  | <b>From 04/01/2014 To 05/01/2017</b>                  |
| <b>City</b> <b>State</b> <b>ZIP Code</b> |  |   |



|          |              |               |                 |                              |
|----------|--------------|---------------|-----------------|------------------------------|
| Debtor 1 | <b>Joel</b>  | <b>Dennis</b> | <b>Crutcher</b> |                              |
| Debtor 2 | <b>Amber</b> | <b>Nicole</b> | <b>Crutcher</b> | Case number (if known) _____ |
|          | First Name   | Middle Name   | Last Name       |                              |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Date issued

Name \_\_\_\_\_ MM / DD / YYYY

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Part 12:** Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Joel Dennis Crutcher  
Signature of Joel Dennis Crutcher, Debtor 1

**X** /s/ Amber Nicole Crutcher  
Signature of Amber Nicole Crutcher, Debtor 2

Date 11/23/2022

Date 11/23/2022

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☐ No

☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

|   |                                   |               |                 |
|---|-----------------------------------|---------------|-----------------|
| Debtor 1                                | <u>Joel</u>                       | <u>Dennis</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| Debtor 2<br>(Spouse, if filing)         | <u>Amber</u>                      | <u>Nicole</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |               |                 |
| Case number<br>(if known)               | <u></u>                           |               |                 |

☐ Check if this is an amended filing

## Official Form 108

# Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral        | What do you intend to do with the property that secures a debt?   | Did you claim the property as exempt on Schedule C?                    |
|--|---|--|
| Creditor's name: <u>IBEW Federal Credit Union</u>                | <input type="checkbox"/> Surrender the property.<br><input type="checkbox"/> Retain the property and redeem it.<br><input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .<br><input type="checkbox"/> Retain the property and [explain]: | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Description of property securing debt: <u>2021 Jeep Wrangler</u> |   |  |
| Creditor's name: <u>IBEW Federal Credit Union</u>                | <input type="checkbox"/> Surrender the property.<br><input type="checkbox"/> Retain the property and redeem it.<br><input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .<br><input type="checkbox"/> Retain the property and [explain]: | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Description of property securing debt: <u>2019 Ram Rebel</u>     |   |  |

|          |              |               |                 |
|----------|--------------|---------------|-----------------|
| Debtor 1 | <b>Joel</b>  | <b>Dennis</b> | <b>Crutcher</b> |
| Debtor 2 | <b>Amber</b> | <b>Nicole</b> | <b>Crutcher</b> |
|          | First Name   | Middle Name   | Last Name       |

Case number (if known) \_\_\_\_\_

**Part 2:** List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| Describe your unexpired personal property leases | Will the lease be assumed? |
|--|----------------------------|
|--|----------------------------|

|                                   |   |
|-----------------------------------|---|
| Lessor's name: Robertson Neal Law | <input type="checkbox"/> No             |
|                                   | <input checked="" type="checkbox"/> Yes |

|   |  |
|---|--|
| Description of leased property: Family Law Attorney |  |
|---|--|

|                |                              |
|----------------|------------------------------|
| Lessor's name: | <input type="checkbox"/> No  |
|                | <input type="checkbox"/> Yes |

|                                 |  |
|---------------------------------|--|
| Description of leased property: |  |
|---------------------------------|--|

|                |                              |
|----------------|------------------------------|
| Lessor's name: | <input type="checkbox"/> No  |
|                | <input type="checkbox"/> Yes |

|                                 |  |
|---------------------------------|--|
| Description of leased property: |  |
|---------------------------------|--|

|                |                              |
|----------------|------------------------------|
| Lessor's name: | <input type="checkbox"/> No  |
|                | <input type="checkbox"/> Yes |

|                                 |  |
|---------------------------------|--|
| Description of leased property: |  |
|---------------------------------|--|

|                |                              |
|----------------|------------------------------|
| Lessor's name: | <input type="checkbox"/> No  |
|                | <input type="checkbox"/> Yes |

|                                 |  |
|---------------------------------|--|
| Description of leased property: |  |
|---------------------------------|--|

|                |                              |
|----------------|------------------------------|
| Lessor's name: | <input type="checkbox"/> No  |
|                | <input type="checkbox"/> Yes |

|                                 |  |
|---------------------------------|--|
| Description of leased property: |  |
|---------------------------------|--|

|                |                              |
|----------------|------------------------------|
| Lessor's name: | <input type="checkbox"/> No  |
|                | <input type="checkbox"/> Yes |

|                                 |  |
|---------------------------------|--|
| Description of leased property: |  |
|---------------------------------|--|

**Part 3:** Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

|   |  |
|---|--|
| <b>X</b> <u>/s/ Joel Dennis Crutcher</u><br>Signature of Debtor 1 | <b>X</b> <u>/s/ Amber Nicole Crutcher</u><br>Signature of Debtor 2 |
|---|--|

|  |  |
|--|--|
| Date <u>11/23/2022</u><br>MM/ DD/ YYYY | Date <u>11/23/2022</u><br>MM/ DD/ YYYY |
|--|--|

Fill in this information to identify your case:

|   |              |               |                 |
|---|--------------|---------------|-----------------|
| Debtor 1  | <u>Joel</u>  | <u>Dennis</u> | <u>Crutcher</u> |
|   | First Name   | Middle Name   | Last Name       |
| Debtor 2<br>(Spouse, if filing)   | <u>Amber</u> | <u>Nicole</u> | <u>Crutcher</u> |
|   | First Name   | Middle Name   | Last Name       |
| United States Bankruptcy Court for the: <u>Southern District of Texas</u> |              |               |                 |
| Case number<br>(if known)   | <u></u>      |               |                 |

☐ Check if this is an amended filing

Statement for Crutcher, Joel Dennis

## Official Form 122A-1Supp

## Statement of Exemption from Presumption of Abuse Under § 707(b)(2) 12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

## Part 1: Identify the Kind of Debts You Have

1. **Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition* (Official Form 101).

- ☒ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
- ☐ Yes. Go to Part 2.

## Part 2: Determine Whether Military Service Provisions Apply to You

2. **Are you a disabled veteran** (as defined in 38 U.S.C. § 3741(1))?

- ☐ No. Go to line 3.
- ☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity?  
10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Go to line 3.
- ☐ Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

3. **Are you or have you been a Reservist or member of the National Guard?**

- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1)
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Check any one of the following categories that applies:
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.
- ☐ I am performing a homeland defense activity for at least 90 days.
- ☐ I performed a homeland defense activity for at least 90 days, ending on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later

Fill in this information to identify your case:

|   |                                   |               |                 |
|---|-----------------------------------|---------------|-----------------|
| Debtor 1                                | <u>Joel</u>                       | <u>Dennis</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| Debtor 2<br>(Spouse, if filing)         | <u>Amber</u>                      | <u>Nicole</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |               |                 |
| Case number<br>(if known)               | <u></u>                           |               |                 |

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Statement for Crutcher, Joel Dennis

## Official Form 122A-1

## Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

## Part 1: Calculate Your Current Monthly Income

## 1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Column A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|  | Column A<br>Debtor 1 | Column B<br>Debtor 2 or<br>non-filing spouse |
|--|----------------------|--|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).   | <u></u>              | <u></u>                                      |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.   | <u></u>              | <u></u>                                      |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | <u></u>              | <u></u>                                      |
| 5. Net income from operating a business, profession, or farm   | Debtor 1             | Debtor 2                                     |
| Gross receipts (before all deductions)   | <u></u>              | <u></u>                                      |
| Ordinary and necessary operating expenses  | - <u></u>            | - <u></u>                                    |
| Net monthly income from a business, profession, or farm  | <u></u>              | <u></u>                                      |
|  | Copy here<br>→       |  |
| 6. Net income from rental and other real property  | Debtor 1             | Debtor 2                                     |
| Gross receipts (before all deductions)   | <u></u>              | <u></u>                                      |
| Ordinary and necessary operating expenses  | - <u></u>            | - <u></u>                                    |
| Net monthly income from rental or other real property  | <u></u>              | <u></u>                                      |
|  | Copy here<br>→       |  |
| 7. Interest, dividends, and royalties  | <u></u>              | <u></u>                                      |

Debtor 1  
Debtor 2

|            |             |           |
|------------|-------------|-----------|
| Joel       | Dennis      | Crutcher  |
| Amber      | Nicole      | Crutcher  |
| First Name | Middle Name | Last Name |

Case number (if known) \_\_\_\_\_

Column A  
Debtor 1Column B  
Debtor 2 or  
non-filing spouse**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under

the Social Security Act. Instead, list it here: \_\_\_\_\_ ↓

For you..... \_\_\_\_\_

For your spouse..... \_\_\_\_\_

- 9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

- 10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| +     | +     |       |
| _____ | _____ | _____ |
| +     | +     |       |
| _____ | _____ | _____ |
|       |       | =     |
|       |       | _____ |

Total current  
monthly income

- 11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11.....

Copy line 11 here → \_\_\_\_\_

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b. \_\_\_\_\_

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

Fill in the number of people in your household.

Fill in the median family income for your state and size of household..... 13.

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

- 14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

- 14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

|          |              |               |                 |                              |
|----------|--------------|---------------|-----------------|------------------------------|
| Debtor 1 | <b>Joel</b>  | <b>Dennis</b> | <b>Crutcher</b> | Case number (if known) _____ |
| Debtor 2 | <b>Amber</b> | <b>Nicole</b> | <b>Crutcher</b> |                              |
|          | First Name   | Middle Name   | Last Name       |                              |

**Part 3:** Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X** **/s/ Joel Dennis Crutcher**  
\_\_\_\_\_  
Signature of Debtor 1

Date 11/23/2022  
MM/ DD/ YYYY

**X** **/s/ Amber Nicole Crutcher**  
\_\_\_\_\_  
Signature of Debtor 2

Date 11/23/2022  
MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

|   |                                   |               |                 |
|---|-----------------------------------|---------------|-----------------|
| Debtor 1                                | <u>Joel</u>                       | <u>Dennis</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| Debtor 2<br>(Spouse, if filing)         | <u>Amber</u>                      | <u>Nicole</u> | <u>Crutcher</u> |
|   | First Name                        | Middle Name   | Last Name       |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |               |                 |
| Case number<br>(if known)               | <u></u>                           |               |                 |

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Statement for Crutcher, Amber Nicole

## Official Form 122A-1

## Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

## Part 1: Calculate Your Current Monthly Income

## 1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Column A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|  | Column A<br>Debtor 1  | Column B<br>Debtor 2 or<br>non-filing spouse |          |          |  |               |               |   |                 |                 |   |               |               |  |
|--|---|--|----------|----------|--|---------------|---------------|---|-----------------|-----------------|---|---------------|---------------|--|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).   | <u>\$0.00</u>   | <u>\$275.00</u>                              |          |          |  |               |               |   |                 |                 |   |               |               |  |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.   | <u>\$0.00</u>   | <u>\$0.00</u>                                |          |          |  |               |               |   |                 |                 |   |               |               |  |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | <u>\$758.91</u>   | <u>\$817.00</u>                              |          |          |  |               |               |   |                 |                 |   |               |               |  |
| 5. Net income from operating a business, profession, or farm   | <table border="1"> <thead> <tr> <th></th> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td><u>- \$0.00</u></td> <td><u>- \$0.00</u></td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </tbody> </table> |  | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | Ordinary and necessary operating expenses | <u>- \$0.00</u> | <u>- \$0.00</u> | Net monthly income from a business, profession, or farm | <u>\$0.00</u> | <u>\$0.00</u> | <div>Copy here<br/>→</div> <u>\$0.00</u> |
|  | Debtor 1  | Debtor 2                                     |          |          |  |               |               |   |                 |                 |   |               |               |  |
| Gross receipts (before all deductions)   | <u>\$0.00</u>   | <u>\$0.00</u>                                |          |          |  |               |               |   |                 |                 |   |               |               |  |
| Ordinary and necessary operating expenses  | <u>- \$0.00</u>   | <u>- \$0.00</u>                              |          |          |  |               |               |   |                 |                 |   |               |               |  |
| Net monthly income from a business, profession, or farm  | <u>\$0.00</u>   | <u>\$0.00</u>                                |          |          |  |               |               |   |                 |                 |   |               |               |  |
| 6. Net income from rental and other real property  | <table border="1"> <thead> <tr> <th></th> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td><u>- \$0.00</u></td> <td><u>- \$0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </tbody> </table>   |  | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | Ordinary and necessary operating expenses | <u>- \$0.00</u> | <u>- \$0.00</u> | Net monthly income from rental or other real property   | <u>\$0.00</u> | <u>\$0.00</u> | <div>Copy here<br/>→</div> <u>\$0.00</u> |
|  | Debtor 1  | Debtor 2                                     |          |          |  |               |               |   |                 |                 |   |               |               |  |
| Gross receipts (before all deductions)   | <u>\$0.00</u>   | <u>\$0.00</u>                                |          |          |  |               |               |   |                 |                 |   |               |               |  |
| Ordinary and necessary operating expenses  | <u>- \$0.00</u>   | <u>- \$0.00</u>                              |          |          |  |               |               |   |                 |                 |   |               |               |  |
| Net monthly income from rental or other real property  | <u>\$0.00</u>   | <u>\$0.00</u>                                |          |          |  |               |               |   |                 |                 |   |               |               |  |
| 7. Interest, dividends, and royalties  | <u>\$0.00</u>   | <u>\$0.00</u>                                |          |          |  |               |               |   |                 |                 |   |               |               |  |



Debtor 1  
Debtor 2

|            |             |           |
|------------|-------------|-----------|
| Joel       | Dennis      | Crutcher  |
| Amber      | Nicole      | Crutcher  |
| First Name | Middle Name | Last Name |

Case number (if known) \_\_\_\_\_

**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under

the Social Security Act. Instead, list it here: \_\_\_\_\_ ↓

For you..... \$0.00

For your spouse..... \$0.00

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

|                                    |   |
|------------------------------------|---|
| <b>Column A</b><br><b>Debtor 1</b> | <b>Column B</b><br><b>Debtor 2 or</b><br><b>non-filing spouse</b> |
| \$0.00                             | \$0.00  |

|        |        |
|--------|--------|
| \$0.00 | \$0.00 |
|--------|--------|

|          |            |                                     |
|----------|------------|-------------------------------------|
| +        | +          | =                                   |
| \$758.91 | \$1,092.00 | \$1,850.91                          |
|          |            | <b>Total current monthly income</b> |

Total amounts from separate pages, if any.

**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11.....

Copy line 11 here → \$1,850.91

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b. \$22,210.92

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

Texas

Fill in the number of people in your household.

5

Fill in the median family income for your state and size of household..... 13. \$104,113.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Debtor 1  
Debtor 2**Joel**  
**Amber**

First Name

**Dennis**  
**Nicole**

Middle Name

**Crutcher**  
**Crutcher**

Last Name

Case number (if known) \_\_\_\_\_

**Part 3:** Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X** **/s/ Joel Dennis Crutcher**  
\_\_\_\_\_  
Signature of Debtor 1Date 11/23/2022  
MM/ DD/ YYYY**X** **/s/ Amber Nicole Crutcher**  
\_\_\_\_\_  
Signature of Debtor 2Date 11/23/2022  
MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

IN THE UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

IN RE: **Crutcher, Joel Dennis**  
**Crutcher, Amber Nicole**

CASE NO

CHAPTER 7

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 11/23/2022 Signature /s/ Joel Dennis Crutcher  
Joel Dennis Crutcher, Debtor

Date 11/23/2022 Signature /s/ Amber Nicole Crutcher  
Amber Nicole Crutcher, Joint Debtor

AAFES  
P.O. Box 4692  
Carol Stream, IL 60197-4692

Affirm, Inc.  
Attn: Bankruptcy  
PO Box 720  
San Francisco, CA 94104

American Anesthesiology of  
Texas  
PO Box 88087  
Chicago, IL 60680-1087

AmeriCredit/GM Financial  
Attn: Bankruptcy  
PO Box 183593  
Arlington, TX 76096

BioReference Laboratories  
PO Box 21134  
New York, NY 10087

BioReference Laboratories  
PO Box 1259 Dept 157292  
Oaks, PA 19456

Brazos Valley Pathology  
PO Box 203294  
Dallas, TX 75320

Brittani Crutcher  
2436 Rushing Springs Dr.  
Fort Worth, TX 76118

Brittani Crutcher  
2436 Rushing Springs Dr  
Fort Worth, TX 76118-7759

Bryan Radiology Association  
PO Box 5306  
Bryan, TX 77805

Capital One  
PO Box 31293  
Salt Lake City, UT 84131

Capital One  
PO Box 31293  
Salt Lake City, UT 31293

Capital One  
PO Box 30285  
Salt Lake City, UT 84130

Capital One  
1680 Capital One Dr  
Mc Lean, VA 22102-3407

Capital One  
P.O. Box 30285  
Salt Lake City, UT 84130

Card Works  
P.O. Box 9201  
Old Bethpage, NY 11804-9001

CBCS  
P. O. Box 69  
Columbus, OH 43216

Chase Card Services  
Attn: Bankruptcy  
PO Box 15298  
Wilmington, DE 19850

Chi St Joseph Health  
PO Box 33000  
Belfast, ME 04915

Chi St Joseph Regional Health  
2801 Franciscan Dr  
Bryan, TX 77802

Client Servies, Inc.  
3451 Harry S. Truman Blvd  
St. Charles, MT 63301

Clinical Pathology  
Laboratories  
PO Box 141669  
Austin, TX 79714

Comenity Bank/Buckle  
Attn: Bankruptcy  
PO Box 182125  
Columbus, OH 43218

Comenity Bank/Kay Jewelers  
Attn: Bankruptcy Dept  
PO Box 182125  
Columbus, OH 43218

Comenity Bank/Victoria  
Secret  
Attn: Bankruptcy POB 182125  
Columbus, OH 43218

Comenity Bank/Zales  
Attn: Bankruptcy  
PO Box 182125  
Columbus, OH 43218

Credit Collection Services  
PO Box 55126  
Boston, MA 02205-5126

Credit Collection Services  
Two Wells Avenue Suite 1  
Newton Center, MA 02459

Credit Control Corporation  
PO Box 120630  
Newport News, VA 23612

Credit One  
P.O. BOX 98873  
Las Vegas, NV 89193

Credit One Bank  
P.O. Box 60508  
City of Industry, CA 91716-0500

Brittani Crutcher  
2436 Rushing Springs Dr  
Fort Worth, TX 76118-7759

Fingerhut  
PO BOX 70281  
Philadelphia, PA 19176

Fingerhut Fetti/Webbank  
Attn: Bankruptcy 6250 Ridgewood Road  
Saint Cloud, MN 56303

Fortiva  
Po Box 105555  
Atlanta, GA 30348-5555

Genesis Financial  
PO Box 361774  
Dallas, TX 75380

Harris County Toll Road  
PO Box 4440  
Houston, TX 77210

Healthline Medical Equipment  
PO Box 825575  
Philadelphia, PA 19182-5575

Hearing Sceening Associates,  
LLC  
3333 North Kennicott Ave  
Arlington Heights, IL 60004

IBEW FCU  
3805 W Cardinal Dr  
Beaumont, TX 77705



IBEW FCU  
3805 W Cardinal Dr  
3805 W Cardinal Dr  
Beaumont, TX 77705

IBEW Federal Credit Union  
3805 W Cardinal Dr  
Beaumont, TX 77705

IBEW Federal Credit Union  
3805 W Cardinal Dr  
Beaumont, TX 77705

Internal Revenue Service  
Centralized Insolvency Operations  
Po Box 7346  
Philadelphia, PA 19101-7346

Jennifer Olson  
1304 Augustine Court  
College Station, TX 77840

Joseph I. Sussman, P.C.  
Index # CV-017322-19/NY  
333 Pearsall Ave. Suite 205  
Cedarhurst, NY 11516

Kay Genesis Card Services  
PO box 23013  
Columbus, GA 31902

Macys/FDSB  
Attn: Bankruptcy 9111 Duke Boulevard  
Mason, OH 45040

Marine Federal Credit  
Attn: Bankruptcy  
PO Box 1551  
Jacksonville, NC 28541-1551

Merrick Bank  
PO Box 660702  
Dallas, TX 75266

Midland Credit Managment  
306661259  
PO Box 301030  
Los Angeles, CA 90030

Midland Funding, LLC  
Attn: Bankruptcy  
PO Box 939069  
San Diego, CA 92193

Northern Leasing Systems  
419E Main st  
Middleton, NY 10940

NTTA  
PO Box 660244  
Dallas, TX 75266

OneMain Financial  
Attn: Bankruptcy  
PO Box 3251  
Evansville, IN 47731

Portfolio Recovery Associates,  
LLC  
PO Box 115220  
Carrollton, TX 75011

Portfolio Recovery Associates,  
LLC  
P.O. Box 12914  
Norfolk, VA 23541

Revco Solutions, Inc  
2700 Meridian Parkway Suite 200  
Durham, NC 27713

RMP Services LLC  
PO Box 630844  
Cincinnati, OH 45263

Robertson Neal Law  
409 E. 26th St  
Bryan, TX 77803

Robertson Neil Law  
409 E. 26th St  
Bryan, TX 77803

Southwest Hormone  
Laboratory  
PO Box 17221  
Wilmington, DE 19850

St Joseph Health  
PO Box 1259 Dept 141529  
Oaks, PA 19456

St Joseph Health College  
Station  
1604 Rock Prairie  
College Station, TX 77845

St Joseph Regional Health Ctr  
2801 Franciscan Dr  
Bryan, TX 77802

St Joseph Regional Health Ctr  
PO Box 679873  
Dallas, TX 75267

Star Furniture  
3400 E 29th St  
Bryan, TX 77802

Sterling Jewelers, Inc.  
Attn: Bankruptcy  
PO Box 1799  
Akron, OH 44309-1799

Synchrony Bank Amazon  
P.O. Box 965003  
Orlando, FL 32896

Synchrony Bank/Jewelry  
Custom  
Attn: Bankruptcy  
PO Box 965064  
Orlando, FL 32896-5064

Texas A & M University  
750 Agronomy Rd  
College Station, TX 77843

Texas Children's  
PO Box 4494  
Houston, TX 77210

Texas ENT & Allergy  
PO Box 10194  
College Station, TX 77842

Toyota Financial Services  
Po Box 4102  
Carol Stream, IL 60197-4102

Upstart  
Attn: Bankruptcy  
PO Box 1503  
San Carlos, CA 94070

Upstart Finance  
Attn: Bankruptcy  
PO Box 1503  
San Carlos, CA 94070

US Dept of Education/GL  
2401 International Lane POB 7859  
Madison, WI 53704

US Small Business Admn.  
Attn: Bankruptcy  
409 3rd St , SW  
Washington, DC 20416

US Small Business Admn.  
Attn: Bankruptcy  
409 3rd St , SW  
Washington, DC 20416

USAA Federal Savings Bank  
10750 McDermott Freeway  
San Antonio, TX 78288-0578

USDOE/GLELSI  
Attn: Bankruptcy  
PO Box 7860  
Madison, WI 53707-7860

Wells Fargo Bank NA  
8750 Highway 6 South  
Houston, TX 77083

Zales Comenity  
P.O. Box 659819  
San Antonio, TX 78265

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

### Chapter 7: Liquidation

|   |       |                    |
|---|-------|--------------------|
|   | \$245 | filing fee         |
|   | \$78  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$338 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- most domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

---

## Chapter 11: Reorganization

---

|   |         |                    |
|---|---------|--------------------|
|   | \$1,167 | filing fee         |
| + | \$571   | administrative fee |
|   | \$1,738 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.



## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   |       |                    |
|---|-------|--------------------|
|   | \$200 | filing fee         |
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

|   |       |                    |
|---|-------|--------------------|
|   | \$235 | filing fee         |
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts

**Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

**Bankruptcy crimes have serious consequences**

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

**Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

**Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html).

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.